V. S. No. 1

TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | 97 |
| | No. 103 Potomec St. Most. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town whare death occurredyrs,mos. | ds. How long in U.S. if of foraign birth?yrsmosds. |
| 2. FULL NAME Henry Zellers Ardinger | |
| (a) Residence: No. Same (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX Mele 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) merried | 21. DATE OF DEATH Feb. 1, 1933 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Garrish | 22. I HEREBY CERTIFY. That I attended dacaased from |
| 6. DATE OF BIRTH (month, day, and year) Oct, 16, 1856 | I last saw h. Ly alive on fan 27 , 1931; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8 Trade profession or particular | Cam Arterio-selevals with a sole restie change |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, acc. | an sho on torone er guis |
| year) occupation | Other Cuntributory Causes of importance: |
| 12. BIRTHPLACE (city or town) 1/4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | |
| # 13. NAME Peter Ardinger | |
| 13. NAME Peter Ardinger 14. BIRTHPLACE (city or town) Marylaund (State or country) | Name of operation Date of What test confirmed diagnosis? Was thera an au'opsy? |
| Hannah Stienmetz | 23, If death was due to axtarnal causas (VIOLENCE) fili in also tha following: |
| 15. MAIDEN NAME Hannah Stienmetz 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT Mrs Clere Ardinger (Address) Williamsport Md | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place WIIII maport Modate Feb. 4,1933 | Manner of Injury |
| 19. UNDERTAKER Albert Lesf | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED Tele-3d. 1933 6. 6. Poichard. | (Signed) Williamfy M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 weck ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 wcek ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. IARGIN RESERVED FOR BINDING

| STATE OF MARYLAND CERTIFICATE OF DEATH 02036 | | | | |
|---|---|--|--|--|
| County Ramboury May | Registration Dist. No. 800 | | | |
| Village or City Sharps bury | ND. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number) | | | |
| | . /6 ds. How long In U.S. if of foreign birth? yrs mos ds. | | | |
| 2. FULL NAME WILLIAM IN WARMA | | | | |
| (a) Residence: No. | St., Ward. | | | |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH | | | |
| 3. SEX 4. COLOR OR RACE NOR DEVORCED, (write the word) | 21. DATE OF DEATH 2 18 .193 3 (Yeer) | | | |
| 5a. Il married, widowed, or divorced | | | | |
| HUSBAND of Hary Lang Bruner | 22. 1 HEREBY CERTIFY. That I eltended decessed from | | | |
| 6. DATE OF BIRTH (month, day, and year) hor 18 = 1862 | I last saw h Malive on 2 - / Size , 19.33; death is said | | | |
| 7. AGE Yeers Months Days If LESS than | to have occurred on the dete stated above, et . 1320 m. | | | |
| 70 11 00 2 1 dey, hrs. or min. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | | | |
| 8. Trade, profession, or particular kind of work done, as SPINNER aboves SAWYER, BOOKKEEPER, etc | Phronica bushtial retiration 15- ms. | | | |
| kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end | Hypertysion. U | | | |
| | 2/9/33. | | | |
| year) occupation occupation | Other Contributory Causes of importance: | | | |
| 12. BIRTHPLACE (city or town) (State or country) | Warma (UNemia) 7/12/33 | | | |
| 14. BIRTHPLACE (city or town) Sharksbury | | | | |
| (State of County) | Name of operation | | | |
| 15. MAIDEN NAME OF THEY Huyett | 23. If death was due to external ceuses (VIOL ENCE) fill In also the following: | | | |
| 15. MAIDEN NAME BOTTY Augst | Accident, suleide, or homicide? Date of Injury, 19 | | | |
| 17. INFORMANT MYS Kuttur Banner | Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | | |
| (Address) The ask burg Med. | | | | |
| Place Suppose The Date 2 £ 21, 1933 | Manner of Injury | | | |
| 19. UNDERTAKER G & Sulvant Conditions (Address) | 24. Was disease or Injury In any way related to occupation of deceased? | | | |
| 20. FILED 2 19 1933 Ely Doy or Registrar. | (Signed) Mally D. M. D. (Address) harpshiry, Jud | | | |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| FURBAU V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in blain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

V. S. No. 1

| STATE | OF | MARYL | AND- | -CERTIF | ICATE | OF | DEATH |
|-------|----|-------|------|---------|--------------|----|-------|
|-------|----|-------|------|---------|--------------|----|-------|

| 11 | 63 | 4 | 0 | 0 |
|----|----|---|---|---|
| 0 | 4 | 1 | 1 | 6 |

| 1. PLACE OF DEATH | 25 | 3 |
|--|---|---|
| County Washington | The 194 | Registration Dist. No. 302 |
| Village or City Hagerstown Length of residence in city or town where death of | (1 | No. 145 W. Church St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U. S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME Stillborn H | Rengon | |
| (a) Residence: No. | (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL | L PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | INGLE, MARRIED, WIDOWED, B. DLVORGED (write the word) | 21. DATE OF DEATH February 6, 193 3 (Month) (Day) (Yesr) |
| 5a. If merried, widowed, or diverced HUSBAND of (or) WIFE of | ined | 22. THEREBY CERTIFY That I attended deceased from 1933, to Fundamental 1933 |
| 6. DATE OF BIRTH (month, day, and year) Feb | 6, 1933 | I last saw h alive on , 19 , death is said |
| 7. AGE Years Months | Days If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, at |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | | STILLBORN |
| SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. | | |
| 12. BIRTHPLACE (city or town) MARYE | | Other Contributory Causes of importance: 9 Royoll Hinory |
| E 13. NAME CHARLES JACK | KSON | |
| 13. NAME CHARLES JACK 14. BIRTHPLACE (city or town)PENNS (State or country) | ZLVANIA | Name of operation |
| # 15. MAIDEN NAME GRACE BENSOI | 1 | 23. If death wes due to external causes (VIOLENCE) fill In also the following: |
| 15. MAIDEN NAME GRACE BENSON 16. BIRTHPLACE (city or town) | | Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT(Address) | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | | Manner of Injury |
| PlaceDa | to, 19 | Nature of injury |
| 19. UNDERTAKER(Address) | ********************** | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED, 19 | . 4 25 33 Registrar. | (Signed) physician government. M. D. (Address) 2 43 n. government. |

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| Chronic interstitial nephritis | 1 131 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peruonitis | 3 days ago |
| 1100 | Gr dh | (8) | |
| Other contributory causes of importance: | 700 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | Y | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

BINDING

FOR

ARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | Ça . |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |



N. B.

JARGIN RESERVED FOR BINDING

| 1. PLACE OF DEATH COUNTY Magnetic City And Jerustons (R. P. D. (II death occurred in Propints is initiation, seve in NAME instead of street and number) Village or City And Jerustons (R. P. D. (II death occurred in Propints is initiation, seve in NAME instead of street and number) Langth of residence in city or town where death occurred (a) Residence: No. 14 Jerustons (Lumiphace of abode) 2. FULL NAME. Daniel S. Blanca (a) Residence: No. 14 Jerustons (Lumiphace of abode) PERSONAL AND STATISTICAL PARTICULARS J. STAX 4. COLOR OR RACE OR NOLLE APATICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH 23. DATE OF BIRTH (month, day, and year) Manual Months (Day) Milled Share (e. L. S. SINGE, MARRIED, WIDOWED, Original Property of the Share of HUBBARD of Original Property of the Share of HUBBARD of Original Property of the Share of HUBBARD of Original Property of Share of | County Markington No. The Willage or City Pragustown R.F. D. World State of the County of the Count | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|---|--|
| Village or City, Hazerstorn R. D. Word St. Ward Langth of residence in city or town where death occurred | Village or City Hagestown R. D. (il desth occurred in Propiled or insilication, give in NAME insected and number) Langth of residence in city or town where death occurred . 5. yrs | 1. PLACE OF DEATH . | 04130 |
| Langth of residence in city or town where death occurred . 5. yrs | Langth of residence in city or town where death occurred 5 yrs. mot. ds. How long in Whopis for instituted of street and number? 2. FULL NAME Daniel & Blancard S. How long in U. S. Hot foreign birth? yrs. mot. ds. Hot foreign birth? yrs. mot. ds | County Washington | Registration Dist. No. 30 2 |
| Langth of residence in city or town where death occurred. See St. How long in U.S. if of foreign birth? 2. FULL NAME. Daniel & Blanca St. Ward. (a) Residence: No. Appendix of shoots PERSONAL AND STATISTICAL PARTICULARS 3. SEX | Langth of residence in city or town where death occurred it. 19. 2. FULL NAME. Daniel & Blanca d. (a) Residence: No. 19 County of the city of the ci | Village or City Hazerstown RFD 2 | No. Hopewell Road St., Ward |
| 2. FULL NAME. Daniel & Bleradd (a) Residence: No. Hypewell & St. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Machael CERTIFICATE OF DEATH 21. DATE OF DEATH 22. J. HEREBY CERTIFY. That I attended deceased from (Nonth). Ward. Ward | 2. FULL NAME. Daniel & Blerard (a) Residence: No. A Pewell St. Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX | | |
| (a) Residence: No. Appended a bodo) (Usualplace of abodo) (Usualplace of abodo) (Usualplace of abodo) (PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (B DWORED (switch thomoso) (B DWORED (switch thomoso) (Color Wife of Comman.) 5. If Earlier, Addowed, or divorced (color of thomoso) (Color Wife of Comman.) 6. DATE OF BERTH (month, day, and year) 6. DATE OF BERTH (month, day, and year) 6. DATE OF BERTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. 1 day,hrs. 1 day,hrs. 1 day,hrs. 1 day,hrs. 1 services of thomoson, or particular (see as a service as 10 low) 1 services of thomoson, or particular (see as a service) 1 services of thomoson, or particular (see as a service) 1 services of thomoson, or particular (see as a service) 1 services of thomoson, or particular (see as a service) 1 services of thomoson, or particular (see as a service) 1 services of thomoson, or particular (see as a service) 1 services of thomoson, or particular (see as a service) 1 services of thomoson, or particular (see as a service) 1 services of thomoson, or particular (see as a service) 1 services of thomoson, or particular (see as a service) 1 services of thomoson, or particular (see as a service) 1 services of thomoson, or particular (see as a service) 1 services of thomoson, or particular (see as a service) 1 services of thomoson, or particular (see as a service) 1 services of thomoson, or particular (see as a service) 2 services of thomoson, or particular (see as a service) 2 services of thomoson, or particular (see as a service) 2 services of thomoson, or particular (see as a service) 2 services of thomoson, or particular (see as a service) 2 services of thomoson, or particular (see as a service) 2 services of thomoson, or particular (see as a service) 2 services of thomoson, or particular (see as a service) 2 services of thomoson, or particular (see as a service) 2 services of the service (see as a service) 2 services of the s | (a) Residence: No. 1 plus Classified St., Ward. H. Married Wardened, or divorced on the date stated above, at Long the said of the said | | |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write theyword) 193. 3. Married, widowed, or divorced (co) wife of Communication (co) | 3. If married, widowed, or divorced on the day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. SAWYER, GOOKKEPER, etc. SAWYER, GOOKKEPER, etc. SAWYER, GOOKKEPER, etc. SAWYER, GOOKKEPER, etc. Sawyer, Sookkeper, etc. | | |
| Marke White Development of the provided Husband Office of the provided Husband of the provided Husband Office of the provided Husb | Male White BR DVORCED (write the word) 58. If married, whose of divorced HUSBAND or Correlation of the second of HUSBAND or Correlation, or particular Single of Work done, as SPINNER, B. B. Conductor Single of Work done, as SPINNER, B. B. Conductor Single of Work done, as SPINNER, B. B. Conductor Single of Work done, as SPINNER, B. B. Conductor Single of Work done, as SPINNER, B. B. Conductor Single of Work done, as SPINNER, B. B. Conductor Single of Work as done, as SPINNER, B. B. Conductor Single of Work done, as SPINNER, B. B. Conductor Single of Work as done, as SPINNER, B. B. Conductor Single of Work as done, as SPINNER, B. S. Spinler, B. B. Conductor Single of Work as done, as SPINNER, B. S. Spinler, B. Spinler, B. S. Spinler, B. Spinler, B. S. Spinler, B. Spinler, B. S. Spinler, B. Spinler, B. S. Spinler, B. Spinler, B. S. Spinler, B. | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| HUSBAND of (or) WIFE of Emmas. Delnard. 5. DATE OF BIRTH (month, day, and year) Doc 3/ /8 0 7. AGE Years Months Days II LESS than 1 day | HUSBAND OF (or) WIFE of Emmas. I. Deln and | Male White Married | Feb 27 193 3 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, | 6. DATE OF BIRTH (month, day, and year) 7. ACE Years Months Days If LESS than 1 day, | HUSBAND of | 22. HEREBY CERTIFY, That I attanded daceased from |
| 7. AGE Years Months Days H LESS than 1 day, | 7. AGE Years Months Days It LESS than A lay | 6. DATE OF BIRTH (month, day and year) | 2/4 |
| 8. Trads, profession, or particular kind of work done, as SPINNER, R. B. Conductor SAW MILL, BANK MILL, BOKKEPER, etc. 3. Industry or business in which work was done, as SIKK MILL, SAW MILL, BAKK, etc. 10. Date deceased last worked at specific work work as occupation in this cocupation (State or country) 11. BIRTHPLACE (city or town) | 8. Trads, profession, or particular SAW PRIL STANDERS (STANDER) BOOKKEEPER, etc. 91 Industry or business in which SAW MILL, BARKS LLC, MILL, MILL, BARKS LLC, MILL, MILL, SAW MILL, MILL, BARKS LLC, MILL, MILL, SAW MILL, MILL, BARKS LLC, MILL, MILL, SAW MILL, MIL | 7. AGE Years Months Days If LESS than | |
| Skind of work done, as SPINNER, B. Conductor Skind of work done as SPINNER, B. Conductor Skind of country) Manual of injury occur? Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Natura of injury Natura of injury 19. UNDERTAKER Sect T. Mannich S. Conductor If so, specify | SAWYER, BOCKEPER, etc. SAWYER, BOCKER, etc. SAWYER, BOCKEPER, etc. SAWYER, BOCKEPER, etc. SAWYER, | | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 12. BIRTHPLACE (city or town) Hopewell Road (State or country) 13. NAME Christian Blenard (State or country) 14. BIRTHPLACE (city or town) Balting Manual (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Manual State or country) 17. INFORMANT Ms. Emang A Blenard (Address) Hopewell Road Manual State or country) 18. BURIAL, CREMATION, BR REMOVAL Place Hageaturn Mal Date Manual 2, 1933 Manner of injury Natura of injury in any way related to occupation of deceased? If so, specify If so, specify | 12. BIRTHPLACE (city or town) | 8. Trada, profession, or particular kind of work done, as SPINNER D D D | |
| 12. BIRTHPLACE (city or town) Hopewell Road (State or country) 13. NAME Christian Blenard (State or country) 14. BIRTHPLACE (city or town) Balting Manual (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Manual State or country) 17. INFORMANT Ms. Emang A Blenard (Address) Hopewell Road Manual State or country) 18. BURIAL, CREMATION, BR REMOVAL Place Hageaturn Mal Date Manual 2, 1933 Manner of injury Natura of injury in any way related to occupation of deceased? If so, specify If so, specify | 12. BIRTHPLACE (city or town) | SAWYER, BOOKKEEPER, etc. | (Mui aleral) |
| 12. BIRTHPLACE (city or town) Hopewell Road (State or country) 13. NAME Christian Blenard (State or country) 14. BIRTHPLACE (city or town) Balting Manual (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Manual State or country) 17. INFORMANT Ms. Emang A Blenard (Address) Hopewell Road Manual State or country) 18. BURIAL, CREMATION, BR REMOVAL Place Hageaturn Mal Date Manual 2, 1933 Manner of injury Natura of injury in any way related to occupation of deceased? If so, specify If so, specify | 12. BIRTHPLACE (city or town) | work was done, as SILK MILL, w. m. R R | |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. | 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) (Address | - 1 2 cms occabation (moletu and 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mas. Eman Blance of (Address) (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Lagrature Masses are injury (Address) Natura of injury Natura of injury 19. UNDERTAKER LEGAL T. Munich Son (Address) 18. Description of deceased? (Address) 19. UNDERTAKER LEGAL T. Munich Son (Address) | What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) 17. INFORMANT Mas. Emma a Blanca of (Address) (Addr | | |
| What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mas. Eman Blance of (Address) (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Lagrature Masses are injury (Address) Natura of injury Natura of injury 19. UNDERTAKER LEGAL T. Munich Son (Address) 18. Description of deceased? (Address) 19. UNDERTAKER LEGAL T. Munich Son (Address) | What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) 17. INFORMANT Mas. Emma a Blanca of (Address) (Addr | # 13. NAME Christian Blenard | |
| What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mas. Eman Blance of (Address) (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Lagrature Masses are injury (Address) Natura of injury Natura of injury 19. UNDERTAKER LEGAL T. Munich Son (Address) 18. Description of deceased? (Address) 19. UNDERTAKER LEGAL T. Munich Son (Address) | What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) 17. INFORMANT Mas. Emma a Blanca of (Address) (Addr | 14. BIRTHPLACE (city or town) Baltimore | Name of operation |
| Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Dependent Road mod 18. BURIAL, CREMATION, OR REMOVAL Place Hagerature Mu Date March 2, 1933 Natura of injury 19. UNDERTAKER Section 1. March 1. Son (Address) Fraction March | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Concurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Manner of injury Place Maguatown Mu Date March 2, 1933 Manner of injury Natura of injury 19. UNDERTAKER Sept 7- Mannich 1, 500 (Address) Angenton Molecular 1, 1933 (Manner of Injury in any way related to occupation of deceased? (Specify whether injury occurr? Manner of injury Natura of injury 19. UNDERTAKER Sept 7- Mannich 1, 500 (Address) Angenton Molecular 1, 1933 (Manner of Injury in any way related to occupation of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Signed) Developed the Industry occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Signed) Developed the Industry occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Signed) Developed the Industry occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Signed) Developed the Industry occurred in INDUSTRY, In HOME, or Industry occurred in INDUSTRY, In | (State of Country) | |
| Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Dependent Road mod 18. BURIAL, CREMATION, OR REMOVAL Place Lagrature M. Date March 2, 1933 Natura of injury 19. UNDERTAKER LEAST 7- Minimich 1, Son (Address) Fraculture M. 1. 18. BURIAL, CREMATION, OR REMOVAL Place Lagrature M. Date March 2, 1933 Natura of injury 19. UNDERTAKER LEAST 7- Minimich 1, Son (Address) Fraculture M. 1. 19. UNDERTAKER Specify 19. UNDERTAKER S | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Dependent Removal Place Lagratown McDate March 2, 1933 Manner of injury 19. UNDERTAKER Least 7- Mannich 1, son (Address) Lagratown McDate March 2, 1933 18. BURIAL, CREMATION, OR REMOVAL Place Lagratown McDate March 2, 1933 Natura of injury 19. UNDERTAKER Least 7- Mannich 1, son (Address) Lagratown McDate March 2, 1933 (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury 19. UNDERTAKER Least 7- Mannich 1, son (Address) Lagratown McDate March 2, 1933 (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (State of County and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (State of County and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (State of County and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (State of County and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (State of County and State and St | 16. BIRTHPLACE (city or town) Man Halfman | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Kagentown Mc Date March 2, 1933 19. UNDERTAKER LEAST To March 2 and 19 an | 18. BURIAL, CREMATION, OR REMOVAL Place Naguation M. Date March 2, 1933 19. UNDERTAKER Sept 7- Munich & Son (Address) Fraguation M. Date March 2, 1933 19. UNDERTAKER Sept 7- Munich & Son (Address) Fraguation M. Date March 2 (Signed) 1. Line & Willen DR, VICTOR D, MILLING. 20. FILED 3 1933 6 Margh Bowello (Signed) 1. Line & Willen DR, VICTOR D, MILLING. | (State or country) | |
| Place Hage atown Mc Date March 2, 1933 Natura of injury 19. UNDERTAKER Seott 7- Minish & Son (Address) Fragerstown M. C. 1933 19. UNDERTAKER Seott 7- Minish & Son (Address) Fragerstown M. C. 1933 19. UNDERTAKER Seott 7- Minish & Son (Address) Fragerstown M. C. 1933 19. UNDERTAKER Seott 7- Minish & Son (Address) Fragerstown M. C. 1933 19. UNDERTAKER Seott 7- Minish & Son (Address) Fragerstown M. C. 1933 19. UNDERTAKER Seott 7- Minish & Son (Address) Fragerstown M. C. 1933 19. UNDERTAKER Seott 7- Minish & Son (Address) Fragerstown M. C. 1933 19. UNDERTAKER Seott 7- Minish & Son (Address) Fragerstown M. C. 1933 19. UNDERTAKER Seott 7- Minish & Son (Address) Fragerstown M. C. 1933 19. UNDERTAKER Seott 7- Minish & Son (Address) Fragerstown M. C. 1933 19. UNDERTAKER Seott 7- Minish & Son (Address) Fragerstown M. C. 1933 19. UNDERTAKER Seott 7- Minish & Son (Address) Fragerstown M. C. 1933 19. UNDERTAKER Seott 7- Minish & Son (Address) Fragerstown M. C. 1933 19. UNDERTAKER Seott 7- Minish & Son (Address) Fragerstown M. C. 1933 19. UNDERTAKER Seott 7- Minish & Son (Address) Fragerstown M. C. 1933 19. UNDERTAKER Seott 7- Minish & Son (Address) Fragerstown M. C. 1933 19. UNDERTAKER Seott 7- Minish & | Place Hageratown Mc Date March 2, 1933 Natura of injury 19. UNDERTAKER Sept 7- Mannich 1, Son (Address) Hagerstown M. 1. 19. UNDERTAKER Sept 7- Mannich 1, Son (Address) House 1, 1933 (Signed) 1. Lin & Willen DR, VICTOR D, MILLING. | | Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 19. UNDERTAKER Seott 7- Munich & Son 24. Was disease or injury in any way related to occupation of deceased? (Address) Frager form M. C. If so, specify | 19. UNDERTAKER Scott 7- Minimich & Son (Address) Hagerstown with 19. USigned) 10 Vicin & Willen DR, VICTOR D, MILLING. | | Manner of injury |
| (Address) Angentown M.C. If so, specify | 20. FILED 3-1- 1933 Chest Sowers (Signed) 1. Lin & Willen DR, VICTOR D, MILLING. | Place Naguary 1 IM Date / Jack 2, 1950 | Natura of injury |
| 7 / / a a // // // // // // A // // A // // A // // | 20, FILED | | If so, specify |
| 191 387 387 A GASSA COMPANY | | | 121 327 337 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |

Registrar. (Address) 131 W. WASHINGTON 1

If more blanks are needed, address State Registrar, 2411 N. Charles Sweet, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I The principal cause of death and related causes pate of onset of importance were as follows: | | Example II | | |
|---|-----------------------|---------------|--|---------------|
| | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial neg | ohritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAU V.S. | July5,1927 | Peritonitis | 3 days ago |
| | | 2 | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

of OCCUPA-

Exact statement

be properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

N. B.-WRITE

TION is very important.

| 1. PLACE OF DEATH | |
|--|--|
| County Washington | Registration Dist. No. 306 |
| Village or City Claronle | No. St. Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? |
| 0.00.00 | yrsys. |
| 2. FULL NAME Carrie Ulice /Jon | man |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. If married, widowed, or divorced | 21. DATE OF DEATH 469 16 (Day) (Year) |
| HUSBAND of (or) WIFE of Bourne | 22. I HEREBY CERTIFY. Thet I attended deceased from 2, 1932, to Falley (6, 1933) |
| 6. DATE OF BIRTH (month, day, end year) | I last saw here— elive on |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc | Carcinoma of right beast 1932 |
| 12. BIRTHPLACE (city or town) (State or country) (State or country) (State or country) | Other Contributory Causes of importance: |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. Significant of the state of the | Neme of operation |
| 15. MAIDEN NAME Louis Clink 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT 18. MAIDEN NAME Clink Clink Clink 18. MAIDEN NAME Clink 19. May land 17. INFORMANT 18. MAIDEN NAME Clink Cl | 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL Place Wolfsville Date 7.66-18, 1933 | Manner of injury |
| 19. UNDERTAKER Encory & Selection Md R 4. 20. FILED John 1933 Ger of Language Registrat. | 24. Was disease or Injury In any way related to occupation of decessed? If so, specify (Signed) MAX factor M. D. (Address) Smithsburg Cnd |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | 9.1 1.2 | Example II | 4 |
|--|-----------------------|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | MAR 4 1022 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nei | phritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | PURPAU V.S | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory of | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

| ADDITIONAL | SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-----------|---------|------------|----|-----------|
|------------|-----------|---------|------------|----|-----------|

CAUSE NOIL

Jo plnods

S

statement

(Year)

Oate of onset

nox/lun

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy S 1 AVINIS | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritopitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | 8 | | |
| | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH (12041) |
|--|--|
| 1. PLACE OF DEATH | <u></u> |
| County Washinglass | Registration Dist. No. 3 0 7 |
| Village or City Grago md | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence levelty or town where death occurred | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Dausy Grahla & | yrd |
| (a) Residence: Np. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR (DIVORCED (write the word) | 21. DATE OF DEATH 2 25 ,193 3 (Month) (Day) (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of Charley Byrcl | 22. I HEREBY CERTIFY. Thet I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Fall 8 = 1868 | |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at |
| 8. Trade, profession, or particular | were as follows: |
| kind of work done, as SPINNER TOUCH / VAFE | 0 |
| | Chrone Myorordeles 1930 |
| SAW MILL, BANK, etc | |
| 12. BIRTHPLACE (city or town) Xocust Brave | Other Contributory Canaca of importance: |
| (State or country) | busbeles mellows, 1975 |
| 13. NAME Avid Strong 14. BIRTHPLACE (city or town) Cocus | Name of operation |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME acrasia Morgisson | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) CCMC (State or country) | Accident, suicide, or homicide? |
| 17. INFORMANT My Susam Miller (Address) | Where did injury occur? |
| 18. BURIAL, CREMATION, OR REMOVAL Place Accust Strove Date 2 - 27, 198 | Manner of injury |
| 19. UNDERTAKER CARROLLS VILLE MOL | 24. Was disease or injury in any way releted to occupation of decessed? 200. If so, specify 44 fee 64 |
| 20. FILED 2 - 4 6 - , 1933, Immas, yourkern Delale Registrar. | (Signed) W. Wolfe M. D. (Address) Boonaboca M. D. |
| If more blanks are needed, address State Registrar | 2411 N Charles Street Ralimore Requesting (1) S No. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 79 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | 1 |

S. No. 1.

N. B.

| PLACE OF DEATH County as Aington Village or City Hagustown (No. Waxf. 6) 2 FULL NAME Infant Byres | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
|---|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WHOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH 4 2 4 3 | (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1923, to The ROPN |
| (Month) (Day) (Year) AGE If LESS than I dayhrs. yrs. mos. ds. or min.? | and that death occurred on the date stated above, at // |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employes) BIRTHPLACE (State or country) Washing by Frunt Hosp. | (Duration) yrs mos da. Contributory Secondary (Duration) yrs mos da. |
| 11 HIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 NAME OF FATHER (State or country) | (Signed) |
| 12 MAIDEN NAME OF MOTHER PULL Byrem 13 BIRTHPLACE OF MOTHER (State or country) Wash. Co. | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place In the of death yrs mos da. State, yrs mos da. |
| (Informant) Boonston MI | Where was disease contracted, if not at place of death? Former or usual residence. 19 PACE OF BURIOL OR REMOVAL FATE OF BURIAL Above 19 33 |
| Filed 2-8- 19233 Chast Boscers Regtstrar | William & Bout Don Bourson |

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, whatever, write None. tired 6 yrs.). Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons cnployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation Is very important, so that the relative health-Statement of Occupation -Precise statement of ocetc., or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as For persons who have no occupation -Coal mine, etc. Wom-As examples: (a) But in many

Stacement of Cause of Death—Name, first, the discase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

quences (c. g., sepsis, tetanus) mny be stated under the Nonreclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse Potsoned by variatic acid-probably suicide. train-uccident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, taken. For violent deaths state means of injury State cause for which surgical operation was under "Puerperal septicucmia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease symptomatic), "Atrophy," "Collapse," rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorconditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia vulsions," stated unless important. Chronic interstitiul nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (Secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; mges, peritonasum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease "Апаетіа" "Coma," (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

PERMANEN WRITE etatement

FOR BINDING

MARGIN RESERVED

No

02

2

Filed 5

| | PLACE OF DEATH |
|-------|---|
| | County Working to |
| | |
| V:1 | lage or City squiting (No. \$22 Cone |
| ¥ 11 | lage or City Jewisma (No. 122 one |
| | 2FULL NAME John Can |
| | PERSONAL AND STATISTICAL PARTICULARS |
| 3 8 | SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) |
| 6 [| DATE OF BIRTH |
| | 7-14- 77 1 |
| | (Month) (Day) (Year) |
| 7 A | If LESS than I day hrs. or min.? |
|)(I | articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) |
| | BIRTHPLACE (State or country) |
| 1 | 10 NAME OF FATHER |
| RENTS | 11 BIRTHPLACE OF FATHER (State or country) |
| PARE | 12 MAIDEN NAME OF MOTHER They Carloyh |
| | 13 BIRTHPLACE OF MOTHER (State or Country) |
| 4 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE |
| | (Address) Arenton may |
| | (Address) Agenton mel |
| 15 | - 7.16- 33 / Was H13 |

STATE OF MARYLAND CERTIFICATE OF DEATH

(Month) (Day) (Year).....

HEREBY CERTIFY, That I attended the deceased from

Registration Dist. No. 30 Z

St: Ward)

(If death occurred im a hospital or institution, give its NAME is stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

| 2-14-33 192 . 10 | 2-/ | 4 | 19275 |
|---|----------------------|---|--------------|
| that I last saw halius on | 2 - /5 | , - 73 , | 192 |
| and that death occurred on the date The CAUSE OF DEATH * was as follo | | e, at Z | , m, |
| Jeanth 4, | / ms. | \$1.000000 ₀₀ 0000000000000000000000000000 | ************ |
| (Duration |)yra | | de. |
| Contributory Secondary | | | |
| Daystion |) | Brace | ds. |
| (Signed) CU, Du | 0,7 | | M. D. |
| (Signed) 24, Su 2-4-197 (Address) | Len | www. | mes |
| *State the I lisease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidai. | Death, or, of Injury | in deaths and (2) Wi | frcm |
| 18 LENGTH OF RESIDENCE (For ionts or Recent Residents) | Hospitals, | Institutions | , Trans- |
| At place of deathyrsmosds, | In the State | yrsmos | ds, |
| Where was disease contracted, if not at place of dea.h? | | | |
| Former or usus! residence | | *************************************** | |
| IO BLACE OF BURIAL OF PEMOVAL | 1 | ATE OF BU | RIAL. |

If more banks are needed, addre.s Ltate Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registras

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from definite salary), may be entered as Houscuife, House-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Housenfield etc. If the occupation has been changedlaborer, worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many oecupations a single word or term on Form laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Stationary fireman, etc. But in many -Coul minc, etc. Wom-

Strtement of Cause of Death—Name, first, the Disease of Using Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (seeondary), stited unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy train-(secondary or intercurrent) American Medical Association.) Never report mere symptoms or terminal condiinterstitial nephritis, Chronic affection need not be etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | (86) |
|--|--|
| County Washingtone | Registration Dist. No. 307 |
| Village or City favorous (If Length of residence In city or town where death occurred from mos | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. 9. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME Javin Carles (a) Residence: No. yarrowsburg (Usual place of abode) | St., Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If merried, widowed, or divorced | 21. DATE OF DEATH Jubrusy 28 1933 (Month) (Day) (Year) |
| #USBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE | 22. J. HEREBY CERTIFY, That I attended deceased from 19.33, to 24.48. 1923 I last saw h |
| 13. NAME Cruest Carter 14. BIRTHPLACE (city or town) Yarrarushing (State or country) Wash. Co. Md. | Name of operation Date of |
| 15. MAIOEN NAME Silving Redman 16. BIRTHPLACE (city or town) Alexandra (State or country) Fairful Carter (Address) Carter (Address) Carter (Address) Carter (Address) Manual Roster 18. BURIAL, CREMATION, OR REMOVAL | 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? |
| Plece Brownsbille. Date March 19.33 | Nature of Injury |
| 19. UNOERTAKER (1933 Cornelius H. Castle Registrar. | 24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) M. D. (Address) Harpens Jury W. W. 2 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| / Apg 3-18- | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| other contributory causes of importance. | driver est | Other contributory causes of importance: | E-1-135 | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

V. S. No. 1

| 0 | nfor- | state | PA. | |
|-----------------------------|---|--|--|--|
| 1 | n of in | ould | OCCL | |
| 1 | iter | TS. | Jo | - 1 |
| | N. BWRITE PLATNAY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | 1 |
| | RD. | IX | sta | |
| | RECO | 7. PH | Exact | 1 |
| 5 | LNS | TI | d. | |
| N | IN | 1 CJ | ssific | |
| Z | RM | X | cla | a: |
| 22 23 | PE | ed E | erly | icate |
| FOI | IS | state | prop | ertii |
| Q | HIS | pe | he | o jo |
| RVI | 1 | plne | nay | ack |
| SE | INK | She | t it 1 | on ! |
| RE | NG | AGE | tha | ions |
| ZI | ADI | .p. | 8, 50 | ruct |
| IARGIN RESERVED FOR BINDING | NF | pplie | erm | inst |
| | 1 H. | y su | ain (| See |
| | TIM | full | ld u | mt. |
| | LX, | eare | fH. | orta |
| | KLN | 1 be | 其 | imi |
| | PL, | lnou | 1 J.IC | very |
| | ITE | s uc | SE | 33 |
| - | -WR | natic | CAU | TION is very important. See instructions on back of certificate. |
| V. S. No. 1 | B. | 1 | | |
| > > | ż | | 1- | - |

| STATE (| OF MARYLAND— | CERTIFICATE OF DEATH 02042 | |
|--|--|--|---------|
| 1. PLACE OF DEATH | 1 - 11 6- | (122.0) | |
| County 1) arlung to | DE MERTINITATION OF IL | Registration Dist. No. | |
| Village or City | 11 | If death occurred in a hospital or institution, give its NAME instead of street and number) | /ard |
| Length of residence in city or town where | death occurred | sds. How long in U.S. if of foreign birth? yrs mos. | ds. |
| 2. FULL NAME alm | - Merly 10 ans | tit. | |
| (a) Residence: No. 523 | (Usual place of abode) | St., S Ward. If nonresident give city or town and State | mpicial |
| PERSONAL AND STATIS | TICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR, OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Bay) (Year |) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband Washington | noh E. Castle | 22. I HEREBY CERTIFY, That I attended deceased ugust 3, 1932, to Teleman 4, 193 | |
| 6. DATE OF BIRTH (month, day, and year) | | I last saw hour alive on PSO 3, 1933; death Is | said |
| 7. AGE Years Months | Days If LESS than | to have occurred on the date stated above, at. 9 50 k cm, | |
| 63 2 | 2 1 dey, hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of o | nset |
| 8. Trade, profession, or particular kind of work done, os SPINNER, SAWYER, BOOKKEEPER, etc | | Luquinal harria, lett, stranger ? | |
| kind of work done, os SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et | Tutohman | latel, meaning of gut. | |
| 10. Date deceased last worked et this occupation (month and year) | 11. Total time (years) spent in this occupation | | |
| 6100 | 4.4.0 | Other Contributory Causes of Importance: | |
| 12. BfRTfIPLACE (city or town) (State or country) | I led med | Why scarditis | |
| I 13. NAME Emile | Somette. | - my roraus | |
| 14. BIRTHPLACE (city or town) | many. | Neme of operation Resection Sgrt. Colortongte of Curs. What test confirmed diagnosis? Was there an autopsy? | 8 |
| | Illa Branch | 23. If death was due to external causes (VIOL ENCE) fill In also the following: | |
| 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) | A armony | Accident, suicide, or homicide? | |
| 17. INFORMANT Auga (Address) 523 Salu | E leaste | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, | **** |
| 18. BURIAL, CREMATION, OR REMOVAL Place Settles | Date File 6 to 1983 | Manner of Injury | |
| 19. UNDERTAKER LAGO . 3. (Address) Smith | Hooner und | 24. Wes disease or Injury In eny wey reloted to occupation of deceased? | |
| 20. FILED. 2 - 5-, 1933 | Thorf Bower. | (Signed) Brown (Oroll Yours, Old. | M. D. |
| 76 | ve blanks are meeded address State Penishan | N Chalassan Balana Barra St. S. N. D | - |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example I | 3 | Example II | |
|---|-----------------------------|---------------|--|---------------|
| The principal cause of importance were as | f death and related causes. | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 11 MAP @ 1000 | 1915 | Attack of epilepsy | 1 week ogo |
| Chronie interstitial neph | ritis | 1921 | Run over by street cor | 1 week ago |
| Cerebral hemorrhage | BUREAU V. S. | July 5,1927 | Peritonitis | 3 days ago |
| | Commence of the second | 11 | | |
| Other contributory ca | uses of importance: | | Other contributory causes of importance: | |
| Gallstones | | Moy 1,1923 | Gustroenteritis | 1 year |
| | | | | |
| | | | | |

MARGIN RESERVED FOR BINDING

V. S. No. 1

3.—WRITE PLAINLY, WIT UNFADING INK—THIS IS A PERMANENT RL. ORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WIN

| 1 | STATE OF MARYLAND— | CERTIFICATE OF DEATH |)43 |
|------------|---|---|----------------|
| | county Mass his tare of box | Registration Dist. No. 302 | ~ |
| | Village or City A Q Q L S + O L D CIE | No. Wash Ou Haspital' St., 3 death occurred in a horpital or institution, give its NAME instead of street and num | Ward |
| | Length of residence in city or town where death occurredmos. | ds. How long in U.S. if ol foreign birth?yrsmos | ds |
| 2 | FULL NAME FIXTHUY C. Caukk | man. | |
| | (a) Residence: No. 1 4 MO Mulberry | St., H Ward. | |
| | (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and Sta | te |
| 3. S | | 21. DATE OF DEATH | |
| 1 | Tale while OR DIVORCED (write the word) | (Month) (Day) | 93.3 (Year) |
| ba. | II married, widowed, or divorced HUSBAND of (or) WIFE of | 1 HEREBY CERTIFY, That I attended dec | eased Iro |
| 6 0 | DATE OF BIRTH (month, day, and year) | I last saw h were alive on Feb. 14 1933; d | eath is sa |
| 7. A | | to have occurred on the date stated above, at 9:357 m. | |
| | 2 2 3, 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows: | |
| NOI | 8. Trade, profession, or particular kind of work done, as SPINNER. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Pericorditio - tilunos - aute 2 | ate of ons |
| OCCUPATION | 9. Industry or business in which work was done, as SILK MILL, The work was done, as SILK MILL, SAW MILL, BANK, etc. | acute nephrots 1 | -20 |
| 000 | 1D. Date deceased last worked at this occupation (month and year) | | |
| 12. | BIRTHPLACE (city or town) Shauds burg (State or country) | Other Contributory Causes of Importance: | |
| HER | 13. NAME John W. Carifyman. | | |
| FAT | 14. BIRTHPLACE (city or town) S. Y. A. W. G. S. D. A. Y. G. (State or country) | What test confirmed diagnosis foll. P. Stande. Was there an auto | psy? |
| HER | 15. MAIDEN NAME SUSAN DRXX: cls | 23. II death was due to external causes (VIOL ENCE) fill in also the following: | |
| MOT | 16. BIRTHPLACE (city or town) SXX QUAS DUT9 | Accident, suicide, or homicide? Date of Injury | ., 19. |
| T. | (State or country) INFORMANTALY & Jehnie Cauly man | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE | |
| | (Address) Haalystown ITa | | ~~~~~~~ |
| 18. | Place + regerstoon material 18, 1953 | Manner of Injury | |
| 19. | UNDERTAKER A CUltural | 24. Was disease or Injury in any way related to occupation of deceased? | • |
| 20 | FILED 2-17-133 6 Kest 6 owers | (Signed) by Hamma years | M. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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|--|---------------|---|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related cause of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| | 1 | | 78 182 |
| Other contributory causes of importance: | | Other contributory causes of importance: | - " |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

Registrar.

If more blanks are needed, address State Registrar, 2411 No. Charles Street, Baltimore, Reduesting V. No.

state

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

1933 . (Year)

Date of onset

ا منامل

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

V. S. No. 1

| A. | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|---|
| infor- state UPA- | 1. PLACE OF DEATH | |
| ould ould | County Pashinglon | Registration Dist. No. 502 |
| 8 8 | Village or City Hagenslown Mol | No. 431 Machonios St. 5 Ward |
| -= - | | death occurred in a hospital or institution, give its NAME instead of street and number) 1. 12-ds. How long in U.S. if of foreign birth? |
| AN | Q.D. M. A. | 33. 101 101g vi 010, 13 01 1010g vi 0101, 13 1101 |
| RD. Every YSICIANS statement | 2. FULL NAME A CULCE / VIOLUE | |
| YS YS sta | (a) Residence: No. 431 MCChange St. (Usual place of abode) | St., Ward. If nonresident give city at lawn and State |
| ECORD PHYS Mact str | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| RE | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| LY | Frank White married | (Month) 3 (Day) (Year) |
| MANEN ACT Jassified | 5a. If merried, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY. That I altended decased from |
| A C A C assi | (or) WIFE of Horge Davis | 22. HEREBY CERTIFY, That 1-attended deceased from |
| SNO. | 6. DATE OF BIRTH (month, day, and year) Salt-26=198 | l last sew h alivo on |
| Pl d l erly cat | 7. AGE Yaars Months Deys If LESS than | to have occurred on the date stated above, at . 936 Qm. |
| IS A PE stated E properly certificate. | 28 3 29 I day, hrs. | The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: |
| 7.0 | 8 Trade profession or particular | Date of onset |
| HIS be be | kind of work done, as SPINNER. South SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and spent in this second in this occupation (month and spent in this second in this occupation). | Juknoun Was |
| should it may n back | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | dead When found. |
| Sh H | 10. Date deceased last worked at 11. Total time (years) | Cause of death not known . Cargo |
| T 400 | this occupation (month and spent in this occupation | Other Contribution Constructions |
| NFADING oplied. AGI erms, so tha instructions | 12. BIRTHPLACE (city or town) Kqualys velle | Other Contributory Causes of Importance: |
| AD ed. | (State or country) Washi Co md | my dequest melisary. |
| UNFA supplied n terms, ee instru | 13. NAME John Montgony | |
| ITH UNFA illy supplied plain terms, See instru | 13. NAME The Montage (city or town) Burker of the wife the | Name of operation Dete of |
| II'y plai | (State of country) | What test confirmed diagnosis? |
| carefully CTH in pla | 15. MAIDEN NAME Coming of Woods | 23. If deeth was due to externel causes (VIOLENCE) fill in also the following: |
| car L'H | 5 16. BIRTHPLACE (sity or town) | Accident, sulcide, or homicide? |
| d be control of the c | Marrie Waria | Where did Injury occur? (Specify city at tawn, caunty and State) |
| PLA ould)F D | (Address) Haghwatown Md | Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 13 48 0 | JO. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| | Place Juil Mobing Date 4 = 6,1933 | Neture of Injury |
| -WRITE mation s CAUSE TION is | 19. UNDERTAKER CXSurman+CD | 24. Was disease or injury in any way related to occupation of deceased? |
| LEOH | (Address) Trangly sville mal | If so, specify |
| m (7) | 20. FILED 2- H. 1933 - Brasff Source | (Signed) Allifegura M. D |
| Z | Registrar. | (Address frages form Mil |
| | If more blanks are needed, address State Registrar, | 2411 N. Charles Select, Baltimare, Requesting U. S. Na. 1. |

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| Example I | i i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioscterosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhago | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | 93:0 |
| County Washington | Begistration Dist. No. |
| Village or City 26 a gastown | No.48 Madison auss, 2 Ward |
| Length of residence in cify or lows where death occurred 2 yrs mos | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME - Savaly 6. 1 | new 1 |
| | USC. 2 Ward. |
| (a) Residence: No. L. F. M. A. C. G. (Usual place of abode) | Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Trite Ma word) | 21. DATE OF DEATH FULL 17 |
| Thurk white widow | (Monfh) (Day) (Yaar) |
| 5a. If married, widowed, or diversed Hug BANT of | 22. HEREBY CERTIFY, That I attended deceased from |
| Les. a. aves | Jan 20, 1933 to Feb. 17, 1933 |
| 6. DATE OF BIRTH (month, day, and year) | I last sawh ER alive on Tuty 17, 1933; daath is said |
| 7. AGE Years Months Days If LESS than | fo hava occurrad on tha date statad abova, at |
| 0 9 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows: Date of onset |
| 8. Trada, profassion, or particular kind of work dona, as SPINNER. | Channe My Cardini |
| SAWYER, BUUKKEEPER, etc | 010 910C 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Indústry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data daceasad last worked af this occupation (month and this oc | 1733 |
| and occupation (months and | |
| year) occupation occupation | Other Contributory Canses of Imporfanca: |
| 12. BIRTHPLACE (city or town) | (Sur a de de Notrai |
| | June of orong factor |
| E Court Court Court | n/ Nu |
| 14. BIRTHPLACE (cify or fown) (Stata or country) | What fest confirmed diagnosis? Plus Coff Was there en autopsy? |
| 15. MAIDEN NAME LLEKEWWW | What fest confirmed diagnosis? |
| 16. BIRTHPLACE (cify or fown) | Accidant, suicide, or homicida? Dafe of injury, 19 |
| (Stata or country) | Whara did injury occur? |
| 17. INFORMANT KIND KILDVILLE EVEROLE | (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| (Address) 48 madison as | |
| Place Per Escalle Date 2 - 20 19 33 | Manner of Injury |
| 2 0+21 | Nature of injury |
| 19. UNDERTAKER (Addrass) | 24. Was disaase or injury In any way related to occupation of dacaasad? |
| 7-70- 22 What Hanson | (Signed) J. Heachley M.D. |
| 20. FILEO , 19/17 (Fileo Registrar. | (Addrass) / Long Jaston My |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U.S. No. 2. |

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| Example I | i | Example II | |
|--|---------------|--|---------------|
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| BUDGATI V. B. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR FURT | IER STATEMENTS BY PI | HYSICIAN |
|---------------------------|----------------------|----------|
|---------------------------|----------------------|----------|

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Every item of infor-

Exact statement of OCCUPA-

| STATE O | F MARYLAND- | | 2047 |
|--|--|--|-----------------|
| 0000 W 2 2 2 0 | in ton | Registration Dist. No. 30 | 2, |
| N 1 | יאי פוא אינו ביו ביו ביו ביו ביו ביו ביו ביו ביו בי | 4 1/2 . 4 |) " |
| Village or City | 2. Reflection (16 | No. f death occurred in a hospital or institution, give its NAME instead of street and | Ward number) |
| Length of residence In city or town where de | | | |
| 2. FULL NAME | Mall Ils | Welkley. | |
| (a) Residence: No. 77 | (Usual place of abode) | SL, Ward. If nonresident give city or town an | id State |
| PERSONAL AND STATISTIC | CAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 2. SEX 4. COLOR OR RACE Levale Nute 5a. If married, widowed, or divorced | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) | |
| HUSBAND of (or) WIFE of Custer | 17 Welphey | 22. ! HEREBY CERTIFY, That i attanded | |
| 6. DATE OF BIRTH (month, day, and year) | 11/11/899 | | : death is said |
| 7. AGE Years Months | Days If LESS than | to have occurred on the date stated above, at | , |
| 133. 61 | l day,hrs. ormin. | The PRINCIPAL CAUSE OF OF ATH and related causes of importance were as follows: | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. | Ha ine | Death from | Date of onset |
| kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 3. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and | Wark. | whiling gas | |
| 10. Oate deceased last worked at this occupation (month and year) | II. Total tima (years) spent in this occupation | Suicidal Cotton | |
| 12. BIRTHPLACE (city or town) (State or country) | drick Coun | Other Contributory Causes of Importance: | |
| E 13. NAME GLOVAR | Loudes/ | | |
| 13. NAME OF GREAT AND THE TAIL OF THE TAIL | db. County | Name of operationOate of | |
| (State of country) | and 1 | What test confirmed diagnosis? Was thera an | |
| 15. MAIDEN NAME LOTTE | Grences 1 | 23. If death was dua to external causes (VIOLENCE) fill in also the followin | |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or county) | levol, Connect | Accident, sulcide, or homicide? Oata of injury Oata of injury | |
| 17. INFORMANT . Chester | 7. Alelphyes | (Specify city or rown, county and Sia Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PI | ite) LACE. |
| 18. BURIAL, CREMATION, OB REMOVAL | and may | Manner of injury | |
| Place Liederick, M. | Date Feb 1 01, 19 33 | Nature of injury | , |
| 19. UNOERTAKER AREA AREA AREA AREA AREA AREA AREA | Tours Mil. | 24. Was disease or Injury in any way related to occupation of deceased? | |
| 20. FILED 2-5- 1933 67 | Registrar. | (Signed) Tuesty Corones Sure | inform |

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| Example 1 | | | Example II | | |
|--|----------------|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | Enna . | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | TANK & STANK | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | 1 | July 5,1927 | Peritonitis | 3 days ago | |
| 1 | | | | | |
| | 1 2 | | | | |
| Other contributory causes of | of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| ADDITIONAL | SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-----------|---------|------------|----|-----------|
| | | | | | |

1. PLACE OF DEAT DOCU plnous County_ Registration Dist. N Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Langth of residence _mos. 2. FULL NAME CORD. (a) Residence: No. Ward St., (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH PERMANENT (Mont) BINDING A. If married, widowed or divorce HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than l day... min. 8. Trade, profession, or particular THIS OCCUPATION kind of work dona, as SPINNER. JO SAWYER, BDDKKEEPER, etc. back may Industry or business in which should work was done, es SILK MHJ SAW MILL, BANK, etc ... dQ, Date deceased last worked at on 11. Totaf time (years) this occupation (month and, spant in this that instructions Other Contributory Causes of Importance 12. BIRTHPLACE (cily or town) (Stata or country) supplied FATHER 13. NAME See 14. BIRTIPLACE (city or town (State or country) carefully What tast confirmed diagnosis? MOTHER important. 15. MAIDEN NAMI 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?____ Date of injury DEATH 16. BIRTHPLACE (city ar town (Stata or country) Whera did injury occur?___ be (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very OF Mannar of injury TION is CAUSE Natura of Injury 24. Wes diseasa or injury In 19. UNDERTAKER (Address) If so, specify 20, FILED.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

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V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 4 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| 100-2000 | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones · | May 1,1923 | Gastroenteritis | 1 year | |
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| D. Every | SICIANS | tatement | | |
| RECOR | Ү. РНҮ | Exact s | | |
| VRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor | ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | AUSF OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA | ON is very important. See instructions on back of certificate. | |
| IS A PE | stated E | properly | ON is very important. See instructions on back of certificate. | |
| EIS | pe | pe | Jo | |
| KHT. | plnods | it may | n back | |
| ING I | AGE | e that | tions o | |
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| INLY, | be car | EATH | import | |
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| II | H | SE | | |

| 1. PLACE OF | | OF MAR | YLAND— | CERTIFICATE OF DEATH (12049 |
|--|--|-------------------------|--|--|
| County | Washington | ATT LIMITS | 27 | Registration Dist. No. 302 |
| | ty Hagersto | wn | (1) | Nowas nington County Hospitst, 1 > Wa f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of resid | ence in city or town where | death occurred 4. | Oyrsmos | sds. How long in U.S. if of foreign birth?yrsmos |
| 2. FULL NAM | ME Martin | Evert | ~~~~~~~~~ | |
| (a) Residence | e: No. 53 Cor | deman A (Usual place | | St, |
| | AL AND STATIST | ICAL PART | ICULARS · | MEDICAL CERTIFICATE OF DEATH |
| Male Male | 4. COLOR OR RACE White | | RRIED, WIDOWED, D (write the word) Ele | 21. DATE OF DEATH February 21, 1933, (Month) (Day) (Year) |
| 5a. If married, widowe HUSBAND of | d, or divorced | | | 22. I HEREBY CERTIFY, That I attended deceased fr |
| (or) WIFE of | | | | , 19, 19, 19, 19, 19, 19, 19, 19 |
| 6. DATE OF BIRTH (| month, day, and year) | | 1889 | 1 last saw h aliva on, 19, death is s |
| 7. AGE Year | Months —— | Days —— | If LESS than I day,hrs. ormin. | to have occurred on the date stated above, at 4:30 Am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 9. Industry or b work was SAW MILL 10. Data decease this occup | usiness in which done, as SILK MILL, , BANK, etc | spa occ | time (years) nt in this upation | Other Contributory Causes of importance: |
| (State or count | dry) Md | • | | Burn Claly |
| 13. NAME | ohn Evert | | | |
| 13. NAME J 14. BIRTHPLACE (State or | (city or town)Was. | hington Md. | County | Nama of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAN | ME Anna Bow | ard | | 23. If death was dua to external causas (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAM 16. BIRTHPLACE (State or | (city or town) Wash. | ington (| County | Accident, suicide, or homicide? |
| (Address) | John H. Eve Hagerstown | | | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATI Placa_Hag | on, or removal erstown, M | d.Date Fel | 23,19.33 | Manner of Injury |
| 19. UNDERTAKER(Address) | Fred W. K. Hagerstown | raiss, | | 24. Was disease or Injury In any way related to occupation of deceased? If so, specify |
| 20. FILED 2-4 | 2/- 193362 | | Registrar. | (Signed) M. U. Firdon (Address) Hugen lown Mll, |
| | If more | blanks are needed, | address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | | | | |
|---------------|--|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago | | |
| 1921 | Run over by street car | 1 week ago | | |
| July 5,1927 | Perilonitis | 3 days ago | | |
| | | | | |
| | Other contributory causes of importance: | | | |
| May 1,1923 | Gastroenteritis | 1 year | | |
| | | 179711 | | |
| | 1915 1921 July 5,1927 | of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: | | |

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis 1033 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BURNE | | | | |
| Other contributory causes of importance: | | Other contributory eauses of importance: | B-1411 | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
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IARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 02051 |
|--|---|
| 1. PLACE OF DEATH | (23) |
| County Washinglose | Registration Dist. No. 306 |
| Village or City Blue Redge Summe | K No. St., Ward |
| Langth of residence In city octown where death occurredyrs,mos | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? |
| 2. FULL NAME Catherin May 7 | lales |
| (a) Residence: No. | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word) | 21. DATE OF DEATH Jel 3 193 3 (Month) (Day) (Year) |
| e. If married, widowed, or divorced HUSBAND of (or) WIFE of | 1 HEREBY CERTIFY. That I attended dacassed from |
| 5-4-10 101C | 100 - 1 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | I last saw h alive on, 193 3; death is said to have occurred on the date stated above, at m. |
| 9/4 9 /2 Iday,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8. Treda, profession, or particular | were as follows: Date of onset No. |
| kind of work dona, as SPINNER, Louise Dudies | Tuber enland 1932 |
| 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc | |
| 10. Date daceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) Blue Redy Limit (State or country) | Other Contributery Causes of Importance: |
| 13. NAME 2 la Thomas | |
| 14. BIRTHPLACE (city or town) Plece Redge Summit | Name of operation. |
| 15. MAIDEN NAME SILA SAN SAN DO DAINE | What tast confirmed diagnosis? |
| 1 de la companya della companya della companya de la companya della companya dell | 23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 16. BIRTHPLACE (city or town) | Where did injury occur? |
| 17. INFORMANT Dala Felson | (Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Bettel frank you Pate 1 2/ 5 , 1933 | Nature of Injury |
| 19. UNDERTAKER Malley of Grant E | 24. Was disease or injury In any way related to occupetion of deceased? |
| 20. FILED Feb. D 13 Hew. W. Juguson | (Signed) M. D. |
| local O Registrar. | (Addrass) Way Way World / a |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example I | # | Example II | | |
|---|---------------|---------------|--|-----------------|--|
| The principal cause of de of importance were as fol | | Date of onset | The principal cause of death and related causes of importance were as follows: | S Date of onset | |
| Arteriosclerosis | 1000 4 7022 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | BAH 2. 5000 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | Prints and V | July 5,1927 | Peritonitis | 3 days ago | |
| | 1 10 3 11 2 0 | . 100 | | | |
| Other contributory cause | | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| ADDITIONAL | SPACE FO | R FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|----------|-----------|------------|----|-----------|
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V. S. No. 1

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH 02052 |
|--|--|
| 1. PLACE OF DEATH | <u> </u> |
| County trash wylon | Registration Dist. No. 302 |
| Village or City / Lujen Coron | No. 126 & Wash cyler St. #3 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsm | los ds. How long in U. S. if of foreign birth?yrsmosds. |
| 2. FULL NAME un named Chile | 1) Levis 7 tolh |
| (a) Residence: No. 126 & Wartylus | Sto 3 K Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH F (Month) (Day) (Year) |
| is. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Frenches Cluber | 22. I HEREBY CERTIFY. That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Z -/7-1933 | , 19 , to , 19 , to , 19 , death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, atm. |
| l day,hr | were as follows: |
| 8 Trade profession or particular | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Sign of the second seco |
| SAW MILL, BANK, etc | |
| this occupation (month and spent in this | |
| 12. BIRTHPLACE (city or town) / Sugenlum | Other Contributory Couses of Importance: |
| (State or country) mig | |
| 13. NAME Leurs + toll- | |
| 14. BIRTHPLACE (city or town) / Hygonlown | Nama of operation Data of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Fritz-1 Clarch | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Worthing best and | Accident, suicida, or homicida? Date of injury, 19 |
| (Stata or country) | Where did Injury occur? |
| 17. INFORMANT Jew F toll- (Address) / Hurenlown W/ | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Premis Date 77, 183 | Nature of injury |
| 19. UNDERTAKER Lewis 7 Fally (Address) / Husens Cown | 24. Was disease or Injury in any way ralated to occupation of deceased? |
| 20. FILEO 2-18-, 1933-6 Mas Holowa Registrar. | (Signad) M. a. Jonlon M. O. (Address) Megentown Wells |
| | 1, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago RIID PATT W C Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1928 1 year

| ADDITIONAL S | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
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IARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | (82-0) |
| County Washing tou | Registration Dist. No. 30 2 |
| Ville day 26a girstown | No. St. Ward |
| | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? ZVI yrs. mos. ds. |
| 711 -1 | |
| 2. FULL NAME Mary Horcus | |
| (a) Residence: No. 1 (Usual place of abode) | Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH 7 |
| Zeriale White OR DIVORCED (write word) | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced | 22 AL HER FRY CERTIFY That I stranded decreased from |
| GOT WIFE OF Sabaturo Forcino | 22. I HEREBY CERTIFY. Thet I attended deceased from |
| 6. DATE OF BIRTH (month, day, end yeer) Qec/ 10" 1849 | I last saw her elive on 2/19 , 1932; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 83 2 /0 t day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular | Date of onset |
| | Cerebra Howarkag 5. 719/33 |
| 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. | (apoplesy) |
| 10. Date deceesed last worked et 11. Total time (years) | |
| this occupation (month and year) spent in this occupation | 1 |
| 12, BIRTHPLACE (city or town) Coules | Other Contributory Causes of Importance: |
| (State or country) | Tenl. arter - Selevous |
| 13. NAME alexandro Valerrando | |
| t4. BIRTHPLACE (city or town) Roules | Neme of operation |
| (Stete or country) | What test confirmed diagnosis? Was there en autopsy? |
| ts. MAIDEN NAME COLUCA | 23. If death wes due to external ceuses (VIOLENCE) fill In elso the following: |
| 16. BIRTHPLACE (city or town) Rouse | Accident, suicide, or homicide? Date of Injury, 19 |
| (State or Junity) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT OF THE OTCHED | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Adejoss) Tocata (Adejoss) 18. BURIAL, CREMATION, OR REMOVAL | |
| Place Vaces tours Date 722 19-21 | Neture of Injury |
| P. Ital | |
| 19. UNDERTAKER (Address) . A See Tourist Land | 24. Was disease or Injury In any way related to occupation of deceased? |
| 2-21-133 6 Wast Haves | (Signed) It D Care b treel M.D. |
| 20. FILED Registrat. | (Address) Hazenstrem nd. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting VS. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | distance of the second | Example II | |
|---|------------------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arterioschessin | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| ATTETIOSCIETOSIS | 1915 | Attack of epilepsy | 1 week ago |
| Chronic inlerstitial nephritis, | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| other contributory causes of importance. | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| nfor- | state | JPA- | |
|---|--|--|--|
| n of i | plno | OCCI | |
| iten | sh | Jo | |
| RD. Every | YSICIANS | statement | |
| RECO | Y. PH | Exact | |
| N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. | |
| IS A PE | stated E | properly | TION is very important. See instructions on back of certificate. |
| HIS | be | be | Jo |
| INK-T | E should | it it may | on back |
| ADING | d. AG | s, so tha | ructions |
| H UNF. | supplie | in term | See inst |
| WIT | refully | in pla | ant. |
| LY, | cal | TH | port |
| AIN | ld be | DE | y im |
| PI | houl | 5 | ver |
| SUPE. | nou | SE | N is |
| -WE | mati | CAL | TIO. |
| A. B | 1 | T | - |
| F | 1 | - | 1 |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 02054 |
|--|---|
| 1. PLACE OF DEATH | (COU) |
| County Washington | Registration Dist. No. 305 |
| Village or City Bear Creek | No. St. Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How tong in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Harry D. Gray | |
| (a) Residence: No. Beatree Creek T | St., Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State. MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Male Colide Married Married | Felening 27th, 1933. (Month) (Oay) (Year) |
| Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. 1 HEREBY CERTIFY, That I attanded deceased from |
| Cat I day | , 19.30 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | I lest sew h. Lear alive on Tule 77, 1935; death is said to heve occurred on the date stated above, at 100 Ram. |
| 60 E 20 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trada, profession, or particular | were as follows: |
| 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Troucho- menugua 2. F. 6 16/35 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as STINNER, SAW MILL, BANK, etc. 11. Total time (class) this occupation (month and | |
| SAW MILL, BANK, etc. 11. Total time (years) | |
| this occupation (month and spent in this occupation / 0 410 | |
| 12. BIRTHPLACE (city or town) 13. Salahan 1000 | Other Contributory Causes of Importance: |
| (State or country) Co and Oco. md. | |
| 13. NAME 14. BIRTHPLACE (city or town) Bearen Crafe | |
| 14. BIRTHPLACE (city or town) Beaver Crafe | Name of operation Dete of |
| (State of country) ; (Sash, Co. /nd. | What test confirmed diagnosis? Was there an autopsy? |
| 16. BIRTHPLACE (city or town) Dulghmanlow | 23. If death was due to externel causes (VIOLENCE) filt In also the following: |
| 5 16. BIRTHPLACE (city or town) Dulghuanton | Accident, suicide, or homicide? Date of injury, 19, |
| (State or country) Thank, Ca. Md. | Whera did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT MA Sade C. Dray | Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Beaver Creek Date Jank 2, 1933 | Nature of injury. |
| 19. UNDERTAKER ITH D. Bastyson | 24. Was disaasa or injury in any way related to occupation of deceased? No |
| (Addiess) Bookston Md- | tf so, specify |
| 20. FILED March 1, 1933 William C) Registrar. | (Signed) (Veille of M.D. M.D. (Address) Down boro. M.D. |
| | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| | Example I | | Example II | |
|--|--------------------------------|--|--|------------|
| The principal cause of de of importance were as fol | eath and related causes llows: | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | MAR 6 1939 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | | July 5,1927 | Peritonitis | 3 days ago |
| | | | | |
| Other contributory cause | s of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | B Gastroenteritis | 1 year |
| | 7 | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

| N'et et en en en en | |
|---------------------|--|
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| 70-31-1-31-31-31 | |

B.—WRITE PLAINLY,

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TION is ver CAUSE

| 1. PLACE OF DEATH, | 10.7 |
|--|--|
| County Washington | Registration Dist. No. 30 2 |
| Village or City Nagerilown | No.31 9 Lacras St. 4 Ward |
| 20 (1 | f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred | sds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Dessu K, Grove | |
| (a) Residence: No. 31 N Locust | St., U Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| ON DIVORCED (Toffie the word) | 7th 3 1933 |
| 56. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| 0 1 00 1071 | Jan 27, 1932, to 2eh 3, 1933 |
| 6. DATE OF BIRTH (month, day, and year) July 20 - 1871 | I last saw h. L. alive on 2 el 3 , 19 33; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs, | to have occurred on the date stated above, at 11:15 Pm. |
| 6/ 6 / 3 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Suyse Mark SAWYER, BOOKKEEPER, etc. Suyse Mark Was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) | Brancho premurania 1/29/3 |
| 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| SAW MILL, BANK, etc | |
| this occupation (month and 1933 spent in this 40 occupation | |
| ON 1/11/10 | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | Topalnia |
| II 13. NAME Famil S. Ysone | |
| 13. NAME Sanul S. Isane 14. BIRTHPLACE (city or town) Cheministe | Name of operation Date of |
| (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| # 15. MAIDEN NAME Place a. Tharpien | 23. If death was due to external causes (VIOLENCE) fill in also the fottowing: |
| 5 16. BIRTHPLACE (city or town) Walfarifle | Accident, sulcide, or homicide? Date of injury, 19 |
| 5 16. BIRTHPLACE (city or town) Safarille (State or country) | Where did injury occur? |
| 17. INFORMANT M. Norme C. Grone (Address) | (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Plac Amith hung Ma Date Feb 6 19.33 | Nature of injury |
| 19. UNDERTAKER Seaso 7. Minnich Ison | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Logustyn md. | If so, specify |
| 20. FILED 2-4-1933 6 Most 1000000 | (Signed) A.h. Vorterfield M.D. |
| Registrar. | (Address) 136 WWashington St. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | - 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | | 1 year |
| | | | |

V. S. No. 1

| STATE OF MARYLAND—CERTIFICATE OF DEATH 02056 | | | | |
|--|--|--|--|--|
| 1. PLACE OF DEATH | <u> </u> | | | |
| County Washington | Registration Dist. No. 302 | | | |
| Village or City X Q Q E Y S Y O W M | No. Nash Cu Hospital st. 3 Ward | | | |
| , (If | death occurred in a hospital or institution, give its NAME instead of street and number) | | | |
| Length of residence in city or town where death occurredyrsmos. | ds. How long in U.S. If of foreign birth?yrs mos ds. | | | |
| 2. FULL NAME & leng Grumbin | - Direction of | | | |
| (a) Residence: No. Thurmant Mu | st., Ward. hurmont Mid | | | |
| (Usual place of abode) | If nonresident give city or town and State | | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word). | 21. DATE OF DEATH | | | |
| Temale While Widowed | (Month) (Day) (Year) | | | |
| 5a. If married, widowed, or divorced HUSBANO of | 22. I HEREBY CERTIFY That I attended deceased from | | | |
| (or) WIFE of Grace M. Grundine | Tax 10 182 10 Het 13 1833 | | | |
| 6. DATE OF BIRTH (month, day, and year) aug 11-1865 | Hast saw have alive on Fig. 13 . 193 % death is said | | | |
| 7. AGE Years Months Oays If LESS than | to have occurred on the date stated above, at 7/5 7/4. | | | |
| 1 day, | The PRINCIPAL CAUSE OF DEATH and related causes of Importance | | | |
| 8. Yrade, profession, or particular | were as follows: | | | |
| Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decaased last worked at this occupation (month and | equery of the 1938 | | | |
| 9. Industry or business in which | | | | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc | | | | |
| | | | | |
| yaar) Occupation | Other Coutributory Causes of Importanca: | | | |
| 12. BIRTHPLACE (city or town) | Carenaus Total Breas | | | |
| (Stata or country) | I med and aged by treb10 | | | |
| 13. NAME Thornas Froy 14. BIRTHPLACE (city or town) (State or country) | Right + Lift Granier 1932 | | | |
| 14. BIRTHPLACE (city or town) DA MLL WYM | Name of operation | | | |
| (State of country) | What test confirmad diagnosis? Was there an autopsy? | | | |
| 16. BIRTHPLACE (city or town) 12 Records | 23. If death was due to external causes (VIOL ENCE) fill in also the following: | | | |
| 5 16. BIRTHPLACE (city or town) NO Record | Accident, suicide, or homicide? Date of Injury, 19 | | | |
| (Stata or country) | Where did injury occur? | | | |
| 17 INFORMANT Ture, alvey Brandenburg | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. | | | |
| (Address) Smithburg md | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL | Mannar of injury | | | |
| Place Hatville Date Feb 16, 1933 | Natura of injury | | | |
| 19. UNDERTAKER Willfride & Greeger | 24. Was disease or Injury In any way related to occupation of deceased? | | | |
| (Address) Phurmout Inde | If so, specify | | | |
| 20. FILEO 2-13-1933 Chast Bowers | (Signed) M.D. | | | |
| Registrar. | (Address) | | | |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | | | |

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9.—The industry or business in which the work was done.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis . T. V. | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephrilis 10 | 1921 | Run over by street car | 1 week ago |
| Cercbral hemorrhage | July 5,1927 | Perilonilis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| 10 | 59 | AA | P. | 200 |
|----|----|----|----|-----|
| U | 4 | U | 0 | 6 |

| 1. PLACE OF DEATH | |
|--|--|
| county Washington | Registration Dist. No. 30 |
| Village or City flagerstown | NoTT auguns ville Rd st, Ward |
| | If death occurred in a hospital or institution, give its NAME instead of street and number) os |
| 2. FULL NAME Luther Le Roy Ho | v baugh. |
| (a) Residence: No. 11) Qua a a veville Rd. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of | 22. HEREBY CERTIFY, That attended deceased from |
| (or) WIFE of | /-/- ,1937 ,10 /-/- ,192 |
| 6. DATE OF BIRTH (month, day, and year) NW 15-1932 | I last saw beautiful alive on 1-25-33, f9; death is asid |
| 7. AGE Years Months Oays If LESS than | to have occurred on the date stated above, at 1m. |
| 2 2 c. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. | m. l. T. L. Sink |
| Olndustry or business in which | Castro-entiretia Duration entire life |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | of shild, Good Be |
| 11. Total time (years) this occupation (month and / spent in this occupation cocupation | 9 |
| Man ove Yanna | Other Contributary Canses of importance: |
| 12. BIRTHPLACE (city or town) YY Q Q CYS 10W Y (State or country) | |
| # 13. NAME Luther Werking- | |
| 14. BIRTHPLACE (city or town) Leillys buvy. | Name of operation Oate of Oate of |
| 1 (State of Country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME Emma Harbaugh 16. BIRTHPLACE (city or town) Hagex stown (State or country) | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 5 16. BIRTHPLACE (city or town) Hagexstown | Accident, sulcide, or homicide? Date of Injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT CLUY LIVE T- Max Daugh. | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Yaylys Youn, Ma Date Febry 3, 1933 | Nature of injury |
| 19. UNDERTAKER H. K. COXX May | 24. Was disease or Injury In any way related to occupation of deceased? |
| (Address) Hadres Town, Tita | If so, specify |
| 20. FILEO 2 - 3- 1933 Mash 130000 | (Signed) M, D. |
| Registrat. | (Address) X-zenhen ny |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | 1 | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

| Use I Fig. 2.1 Comment of the Indian Market Washington | |
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| infor- state UPA- | STATE OF MARYLAND— | CERTIFICATE OF DEATH 02058 |
|---|---|--|
| | 1. PLACE OF DEATH | |
| # PE CC | County Wash auglon | Registration Dist. No. 30 2 |
| item of should of OCC | Village or City // uforther | No. 604 N Prospect St., 5 Ward feath occurred in a horpital or institution, give its NAME instead of street and number) |
| ~ W ~ | | ds. How long In U.S. if of foralgn birth?yrsmosds. |
| CORD. Every PHYSICIANS ict statement | 2. FULL NAME my named Chil | |
| | (a) Residence: No. 604 h Proshest | St. 5 Ward. |
| | (Usual place of abode) | If nonresident give city or town and State |
| RECC PH Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Yoar) |
| OING ANENT CCTL) ssifted. | 5a. If merried, widowed, or divorced HUSBAND of | (Month) (Day) (Year) |
| | (or) WIFE of Shee born | 22. i HEREBY CERTIFY, That t attended deceased trom |
| BINJ PERM EX. Iy cla | 6. DATE OF BIRTH (month, dey, and year) Televiere 1933 | I last saw h alive on, 19; daath is said |
| | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, atm. |
| FOR IS A I stated properl | A day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importanca ware es tollows |
| - 00 | 8. Trade, protession, or perticular | DATA DE ORBOT |
| VED THIS d be ty be k of | kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc | Suep! |
| SERVI NK-T should it may n back | 9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc | Aur |
| SE SH II | O 10 Date daceased last worked at 11. Total time (years) | |
| RES NG I AGE that | this occupation (month and spant in this occupation occupation | <u> </u> |
| Z | 12. BIRTHPLACE (city or town) Hugoeslown 14.00 | Other Contributory Causes of Importance: |
| ARGIN INFADI pplied. erms, so | (State or country) | |
| IARG] UNFA supplied n terms, | 13. NAME Zevice O' Hays. | |
| I su n t | 13. NAME Jove Ce Hays. 14. BIRTHPLACE (city or town) Franklike Co | Name ot oparation Data ot |
| WITH fully n plai | (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| WITH refully in pla | 15. MAIDEN NAME Gales in goals 16. BIRTHPLACE (city or town) Ficulties (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also tha following: |
| 1 2 H 1 | 5 16. BIRTHPLACE (city or town) + raculeline | Accident, suicide, or homicida? Date of injury, 19 |
| AINLY of be con | (State or country) | Where did injury occur? (Specify city or town, county and State) |
| | 17. INFORMANT Gales My Jeal Mul | Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| E3 70 | 18. BURIAL, CREMATION, DR REMOVAL | Manner of Injury |
| In i N | Place Mensis Date ,19 | Nature ot Injury |
| WRITE mation si CAUSE TION is | 19. UNDERTAKER George Pe / Lays. | 24. Was disease or injury in any way related to occupation of deceased? |
| S. No. | 7-72 22 196-14 | (Signed) N. Q. Forelon M.D. |
| » z | 20. FILED | (Address) / Les es lower My |
| | Acgurar. | (The state of the |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1 week ago Arteriosclerosis 1915 Attack of epilepsy Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

3

9 BIRTHPLACE

PARENTS

S shou Every Item CIANS shou (State or country) 10 NAME OF FATHER

II BIRTHPLACE

OF FATHER

OF MOTHER (State or Country)

(State or country) 12 MAIDEN NAME

| PLACE | OF DEAT | Н | | |
|--|---|--|---|--|
| County In | Cohin | gun | | |
| | | | | |
| illage or City | Manga | umlle | Mrs. | |
| | | | 7 | .// |
| 2FUI | LL NAME. | fry | fent | Stefn |
| TANK AT April and a second sec | | | AL PARTICL | ILARS |
| sex | 4 COLOR C | N KAGE | SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word | |
| DATE OF BIR | тн | The second secon | | Marie Commission Anna Company |
| | | | 20- | |
| | | (Month) | (Day) | (Year) |
| AGE | Lune VIS. | turo (| 08ds | If LESS than I day hrs. or min.? |
| OCCUPATION (a) Trade, proparticular kind | ofession or d of work ature of indu | ıstry | w | |
| business, or es which employ | | | *********************** | ****** |

Registration Dist. No. 302 (If death occurred in a hospital or institu-tion, give its NAME IIstead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH I HEREBY CERTIFY, That I attended the decessed from and that deeth occurred on the date stated above, at 0:40 7m The CAUSE OF DEATH * was as follows: ..(Duration) Contributory Secondary 1927 (Address) *State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At plece fn the Where was disease contracted, if not at place of dea.h?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TO UNDERTAKER

STATE OF MARYLAND

CERTIFICATE OF DEATH

(3)

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise approaches, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from g. gcd in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil cugineer, Paysicun, or At Home, and children, not gainfully em-For many occupations a Compositor, Architect, For persons' who have no occupation Stationary fireman, etc. But in many single word or term on Locomolive engineer, The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEA: I CAUSE DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferent (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,")

stited unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n.ture of the injury, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJU.; Y American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi interstitial nephritis, cough; " "Marasmus, Chronic " "Old Age, " "Shock," etc. The contributory valvular heart disease, "Dropsy, Measles ;

If this cartificate is looked over thoroughly and a I qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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| | -CERTIFICATE OF DEATH 02060 |
|--|---|
| 1. PLACE OF DEATH | |
| County Cashington | Registration Dist. No. 307 |
| Village or City / Drownsulle / M9 | No. St., Wa (If death occurred in a horpital or institution, give its NAME instead of street and number) |
| | os. How long in U.S. If of foreign birth?yrsmos |
| 2. FULL NAME . Jamuel M. Holice | AA |
| (a) Residence: No. Brownaulle md. | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED. | MEDICAL CERTIFICATE OF DEATH |
| 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| 5a. If merried, widowed, or divorced | (Month) (Day) (Yeer) |
| HUSBAND of (or) WIFE of () | 22. I HEREBY CERTIFY, Thet i ettended decessed fro |
| Della M. Homes | - Rel 17th 1933, to Feb. 18 5 , 1933 |
| 6. DATE OF BIRTH (month, dey, and year) Oct. 14 - 1869 | I last saw have alive on feeling 1933; death is sa |
| 7. AGE Years Months Days if LESS than | to have occurred on the date stated above, at 10 P. m. |
| 0.9 9 24 ormin. | were as follows: |
| 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. | Bright directe |
| 9. Vindustry or business in which | about 2 years |
| 9. Vindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) | |
| - i and occupation (month end | |
| year) | Other Coutributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) (State or country) (State or country) | Ceremic Coma |
| 1 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | - Clout 18 hour |
| E G . II | |
| (State or country) The state of | Name of operation Dete of |
| 15. MAIDEN NAME CANALLY COMPANY | Whet test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following: |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | Accident, sulcide, or homicide? O Date of injury 19 |
| (State or country) Ougina | Where did injury occur? |
| 17. INFORMANT Ida E. Lorge | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| (Address) Sathusburg Md, | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place prounded bay yels, []. 1933 | Nature of injury |
| 19. UNDERTAKER OF SOME TOOM | 24. Was disease or injury in any wey related to occupation of deceased? |
| (Address) Boonstone Md. | If so, specify |
| 20. FILEWILL 10 1933 Comeling N. Castle | (Signed) K. S. C. C. C. C. C. M. |
| If more blanks are needed, address State Registrar. | (Address) All Mary Novel Religious Properties (1) No. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | Malan. |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| L WEREA | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gollstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

IARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 11206 |
|---|--|
| 1. PLACE OF DEATH | 93-02 |
| County Williams Con | Mark har Collocatelon 2- |
| Village or City Acquision | f death occurred in a horpital (Assistation, give it & ASI) instead of street and suppler) |
| Length of residence in city or town where death occurred works. | ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME HENRY Heeds | u - |
| (a) Residence: No. Pokach | St. 9 Ward. |
| (Usualplace of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIFORCED (write the word) | 21. DATE OF DEATH Jol. 18 |
| mare low Widow | (Month) (Day) (Year |
| 5a. If married, wildowed, or divorced HUSBAND of | 22. O I HEREBY CERTIFY, Thet I ettendod deceased |
| (or) WIFE of fustand of lac furner | 22. Tel 1 HEREBY CERTIFY. Thet I ettended deceased |
| 6. DATE OF BIRTH (month, day, and year) | last saw h elive on Jeh 18, 1933; death is |
| 7. AGE Years Months Days It LESS than | to have occurred on the dete stated ebove, at |
| about 65 - 1 day, hrs. | THE TAILURE CAUSE OF DEATH and Tolotte causes of importance |
| 9 Trada profession or particular | Date of o |
| 8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEPER, etc. | - 00 |
| 9. Industry or business in which work was done, as SILK MILL | My ocardia muspicione |
| SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at this occupation (month and year) year) 4. A March. spent in this occupation. | |
| De Charles | Diher Contributory Causes of importance: |
| 12. BIRTIIPLACE (city or town) | • |
| | |
| | None of consider |
| (Stete or country) | Neme ef operation Dete of |
| | |
| T | 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? |
| 16. BIRTHPLACE (city or town) Marghard | Where did injury occur? |
| Maria maria | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. INFORMANT (Address) 2 6 Osorth. Januar St. | TENCE |
| 18. BURIAL BREMATION, OR BOMDVAL | Manner of injury |
| stageisland, My Dete 2- 22 150 | Nature of injury |
| 10 HADROTANEST, I Recker. | 24. Wes disease or Injury In eny wey releted to occupation of deceased? |
| 19. UNDERTAKER (Address) Flucks town Red | If so, specify |
| | |
| 20. FILED 2-22- 1933 6 Teast 120 west | (Signed) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis 1 A 1 | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | • |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| 3 | | | |
| | | | |

| 1. PLACE OF DEATH COUNTY. AS NOTE THE THE OF NAME OF COUNTY OF THE ACCOUNTY O | - | rte l | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|----------------|-------------------|--|--|
| Village or City. X. C. | nfo | sta JP. | 1. PLACE OF DEATH | 1072 |
| Village or City. X. C. | , jo | E CO | county Mashing Kun. | Registration Dist No. 3021 |
| Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town and State DESTALLED TO LOS IN Ward. S. HUBBARD AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS S. HE manifeld widowed, or divorced in USARIO. S. HE married, widowed, or divorced in USARIO. S. HE married, widowed, or divorced in USARIO. S. HE married, widowed, or divorced in USARIO. S. HE REBY CERTIEX, That I stiended decased from the word on the contract on the data stated above, at H. 30 Miles. S. HE TORRESONAL RANGE IN MINERAL COLVERS OF DEATH J. T. AGE YES S. HE TORRESONAL RANGE IN MINERAL COLVERS OF DEATH J. T. AGE YES S. HE TORRESONAL RANGE IN MINERAL COLVERS OF DEATH J. T. AGE YES S. HE TORRESONAL RANGE IN MINERAL COLVERS OF DEATH and resisted decased from the data stated above, at H. 30 Miles. J. T. AGE YES S. HE TORRESONAL RANGE IN MINERAL COLVERS OF DEATH and resisted decases of importance with the state of the colvers of the data stated above, at H. 30 Miles S. HE TORRESONAL RANGE IN MINERAL COLVERS OF DEATH and resisted cases of importance. J. T. HE REBY CERTIES. J. T. T. AGE YES J. T. AGE YES J. T. T. AGE Y. T. T. AGE | VIII) | nor C/ | C. C. MINISTERANTINA CONTRACTO LIMITE OF | No Mach Cutto so, tale so 3 ward |
| 2. FULL NAME CUI S CAST CONTINUED BY SET COLOR OR RACE S. SINCLE MARKED WIGOVERS COLOR OR RACE COLOR OR | i. | 15/0 | | |
| CONTROL OF STATE OF BIRTH (month, day, and year) 10 | 2 | nt NS | Length of residence in city or town where death occurredyrs,mos. | ds. How long in U.S. if of foralgn blrth?yrsmosds. |
| PERSONAL AND STATISTICAL PARTICULARS SET 1 - 19 - 19 - 19 - 19 - 19 - 19 - 19 - | Eve | CIA | 2. FULL NAME Lewis U; chor Hull. | |
| 3. SEX 3. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED OR DIVORCED Come the word) OR DIVORCED COME the wor | RD. | YSI | | |
| DITUDING TO STANDARD CONTRIBUTION OF STANDARD | | PH act | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| DITUDING TO STANDARD CONTRIBUTION OF STANDARD | Ê | Exe | | 21. DATE OF DEATH |
| So. If married, widowed, or divorced (or o'wise on Jeanning of the participant of the par | H | 7.7 | | (Mark) 4 27. 1933 |
| BOUT AND STATE OF BIRTH (month, day, and year) 1. AGE | D A | Tied | 5a. If married, widowed, or divorced | (month) ((bay) (Year) |
| BOUT AND STATE OF BIRTH (month, day, and year) 1. AGE | AN A | \ C ssift | HUSBAND of (or) WIFE of | |
| Date of speed to the data stated above, at. A specificar of injury occurred in the data stated above, at. A specificar of injury of specific and injury occurred in the data stated above, at. A specificar of injury occurred in the data stated above, at. A specificar of injury occurred in the data stated above, at. A specificar of injury occurred in the data stated above, at. A specificar of injury occurred in the data stated above, at. A specificar of injury occurred in the data stated above, at. A specificar of injury occurred in the data stated above, at. A specificar of injury occurred in the data stated above, at. A specificar of injury occurred in the data stated above, at. A specificar of injury occurred in the data stated above, at. A specificar of injury occurred in the data stated above, at. A specificar of injury occurred in the data stated above, at. A specificar of injury occurred in the data stated above, at. A specificar of injury occurred in the data stated above, at. A specificar of injury occurred in the data stated above, at. A specificar occupation of injury occurred in the data stated above, at. A specificar occupation | Z | , u | - | Jebruary 20, 1933, 10 Jebruary 2/193 |
| S & G & G & G & G & G & G & G & G & G & | BI | | 6. DATE OF BIRTH (month, day, and year) | I last saw here dive on Jebruary 27, 19033/death is sale |
| S & G & G & G & G & G & G & G & G & G & | 22 | ed erl | 4 4 | |
| S & G & G & G & G & G & G & G & G & G & | O | rop | | were as follows: |
| The proof of the country of the coun | - 70 | | 8. Trade, profession, or particular | Date 01 09:01 |
| 10. Date dacasaed last worked at this occupation (month and year) 11. Total time (years) spent in this year 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMPYAL Place (Address) 18. BURIAL, CREMATION, OR REMPYAL Place (Address) 18. BURIAL, CREMATION, OR REMPYAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 10. Date dacasaed last worked at this occupation of deceased? 11. Total time (years) Spent in this year Other Costributory Causes of importance: Other Costributory Other Costributory Causes of importance: Other Costributory Causes of importance: Other Costributory Causes of importance: Other Costributory Other Costributory Causes of importance: Other Costributory Other Costributo | OF H | be be | SAWYER, BOOKKEEPER, etc. | W . 18/8/ |
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| O this occupation (month and occupation is spent in this occupation. Other Cestributery Causes of importance: Other Cestributery Causes of i | ER - | | SAW MILL, BANK, etc. | |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19 | SS | 0 1 | this occupation (month and spent in this spent in this | (brougho) |
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| Name of operation Data of What test confirmed diagnosis? Physical Bush tera an autopsy? 23. If death was due to axternal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Spacify whather injury occurred in INOUSERY, In HOME, or in PUBLIC PLACE. What red injury Whare did injury occurred in INOUSERY, In HOME, or in PUBLIC PLACE. It is, specify What red injury Place Accident, suicide, or homicide? Spacify whather injury occurred in INOUSERY, In HOME, or in PUBLIC PLACE. Whater of injury Nature of injury (Signed) Accidents, suicide, or homicide? Spacify whather injury occurred in INOUSERY, In HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) Place Accidents, suicide, or homicide? Spacify whather injury occurred in INOUSERY, In HOME, or in PUBLIC PLACE. (Signed) Accidents Accident, suicide, or homicide? Spacify whather injury occurred in INOUSERY, In HOME, or in PUBLIC PLACE. (Address) Place Accident, suicide, or homicide? Accident, suicide, or homicide? Spacify whather injury occurred in INOUSERY, In HOME, or in PUBLIC PLACE. (Address) Name of operation What test confirmed diagnosis? Accidents, suicide, or homicide? Accident, suicide, o | GI | ed. 18, tru | | Muche Myocardetes 2/20 |
| Name of operation. Data of What test confirmed diagnosis? What test co | N. K. | ern ins | 13. NAME 1), Franklin Hull. | 1 |
| What test confirmed diagnosis? The was there an autopsy? 21. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury What test confirmed diagnosis? The was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Spacify whather injury occurred in NOUSTRY, In HOME, or in PUBLIC PLACE. What test confirmed diagnosis? The was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Spacify whather injury occurred in NOUSTRY, In HOME, or in PUBLIC PLACE. Spacify whather injury occurred in NOUSTRY, In HOME, or in PUBLIC PLACE. What test confirmed diagnosis? The was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Spacify whather injury occurred in NOUSTRY, In HOME, or in PUBLIC PLACE. Spacify whather injury occurred in NOUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMPVAL Place (Address) 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? (Address) 25. Company of the company of the cause of injury in any way related to occupation of deceased? (Address) Company of the company of the company of the cause of injury in any way related to occupation of deceased? (Address) Company of the company of the company of the cause of injury in any way related to occupation of deceased? (Address) Company of the company of | No. | sur n t | Z 14. BIRTHPLACE (city of tolerally + QQLYSTOWN | Name of operation Data of |
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| THE PROPERTY OF THE PROPERTY O | 3 | o E o | | Whare did injury occur? |
| A STATE OF THE PARTIES OF THE PARTIE | | 호 및 ii | Edu TT Hull | (Specify city or town, county and State) Spacify whather injury occurred in INOUSTRY. In HOME, or in PUBLIC PLACE |
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| Place A ALYS (Albhill (Date AY), 1933 Nature of injury 19. UNDERTAKER P | First First | oho Ol | 18. BURIAL, CREMATION, OR REMPYAL | Manner of injury |
| (Address) 20. FILED 5 1- , 1923 DIMATISOURCES (Signed) (Address) (Address) (Address) (Address) (Address) | | SE is | Place Pagers Rowhild Date Mar. 1., 1933 | |
| (Address) 20. FILED 5 1- , 1923 DIMATISOURCES (Signed) (Address) (Address) (Address) (Address) (Address) | 1) = | ON | DIC CALLONS | |
| vi z. 20. FILED 3 1- , 1933 DMM Bowers (Signed) (Signed) Augustown m. 1 Registrar. (Address) Lagerstown m. 1 | 0 | HCH | The state of the s | |
| 20. HILD 20. 1920 1920 1920 1920 1920 1920 1920 1920 | B K | | 2-1 92 Page 110 | 11.11 |
| | 5 Z | | | |
| If more blanks are needed, address State Kegistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | (2 | 0 - | | The company of the state of the |
| | 747 | sudh | . 11 more blanks are needed, address State Registrar, 2 | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| i | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | I week ago |
| 1921 | Run over by street car | 1 week ago |
| July5,1927 | Peritonitis | 3 days ago |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

PHYSICIANS should state, Exact statement of OCCUPA-

stated EXACTLY.

be properly classified. certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

See instructions on back of

TION 18 very important.

02062

| 1. PLACE OF DEATH | 1 | | | |
|---|--------------|---------------------|---------------------------------------|--|
| County Washington LIMITS OF | | | | Registration Dist. No. 302 |
| Hagarstown Md | | | | 65 VOISTE AVA |
| Village or City | | | | No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city of | r town whare | death occurred.]_i. | | ds. How iong in U.S. if of foreign birth?mosds. |
| 2. FULL NAME J | oe An | ne(Norri | | ell |
| (a) Residence: No. | | Same | 1,000 | St. Z Ward. |
| (4) 110014011001 1101 | | (Usual place | of abode) | If nonresident give city or town and State |
| PERSONAL AND | STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR C | OR RACE | S. SINGLE, MARI | RIED, WIDOWED, | 21. DATE OF DEATH |
| Female wh | ite | orghindecin | (write the word) | Feb. 15, 1933, 193 (Year) |
| 5a. if married, widowad, or divorce | ı | 1 | | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | | XXXXX | | 22. I HEREBY CERTIFY, That I attended decassad from |
| (0),2 0. | | | | , 19, to |
| 6. DATE OF BIRTH (month, day, ar | nd vaar) | Aug. 17. | 1932 | I last saw h alive on, 19; death is said |
| 7. AGE Years | Months | Days | If LESS than | to have occurred on the date stated above, atm. |
| | 5 | 29 | f day,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance |
| 8 Trade profession or partir | ular | 1 | ormin. | ware as follows: |
| 8. Trade, profession, or partic | SPINNER, | XXXXX | | D. Muturum: |
| SAWYER, BDDKKEEPER | | | · · · · · · · · · · · · · · · · · · · | Baby found dead in |
| work was done, as SILE SAW MILL, BANK, etc | K MILL, | XXX | | 02.d. |
| O ID. Date deceased last worked | at | fl. Total ti | me (years) | |
| this occupation (month | and | | t in this pation | |
| | Uar | gerstown | | Other Contributory Causes of Importance: |
| 12. BfRTHPLACE (city or town) (State or country) | пч | Sel scowii | Md | Parente cham enfant |
| | | | | had whooping cough |
| 13. NAME JOSEPH Norris 14. BirThPLACE (city or town) Mary Land | | | | but was about recovered |
| f4. BtRTHPLACE (city or town) |) | | | Nama of operation |
| (State of Country) | | ryland | | What test confirmed diagnosis? Was thara an autopsy? |
| 15. MAIDEN NAME Le | nore | Husted | Hutself | 23. If death was due to external causes (VIOLENCE) fill in also the Iollowing: |
| 16. BIRTHPLACE (city or town) | | rplay M | d O | Accidant, suicide, or homicida? Data of injury, 19 |
| (State or country) | | | | Where dld injury occur? |
| | | | | (Specify city or town, county and State) |
| 17, INFORMANT Mrs Amos Shank (Address) | | | | Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE. |
| (Addrass) Herenstown Md | | | | |
| Piecin Boonesboro MdDate Feb. 17, 33 | | | b. 17, 33 | Manner of Injury |
| | | M 40 - 010 | , 17 | Nature of injury |
| 19. UNDERTAKER Albert Leaf | | | | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Williams A | | | | Il so, spacify |
| 20. FILED 2-/6- 19 | 336 | ROSA. | owers | (Signad) Sid am belf M. D. |
| , , , | | | Registrar. | (Address) |

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| Example I | 11 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| D. T. | 0 1 1 5 1 | 1 - 51 | |
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BINDING

FOR

ARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 30 County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CYDW 5a. if married, widowed, or divorcad HUSBAND of HEREBY CERTIFY. That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months tf LESS than Days to have occurred on the data stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. ware as follows 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc...... OCCUP 1D. Data deceased last worked at 11. Total time (years) this occupation (month and spant in this yaar) _____ ___ ___ occupation . Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_ Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. if death was due to externat causas (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?_____ Date of injury _____, 19_.. 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury TION Nature of injury 24. Was diseasa or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

(Year)

Date of onset

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, WITH UNFADING INK—THIS mation should be carefully supplied. AGE should be ż

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 02064 |
|---|--|
| 1. PLACE OF DEATH | |
| County Washington | Registration Dist. No. |
| Village or City Dangari | No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) |
| | s |
| 2. FULL NAME Jumph Fredrick Jugram | · |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If conresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (whee the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If marriad, widowed, or divorced HUSBAND of | 0.45557 |
| (or) WIFE of Omca | 22. SHEREBY CERTIFY, That I attended dacassed from |
| S DATE OF PIRTY (mostly day and uses) 866 art 1923 | I last saw h Am alive on 1911 / 1953 : death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| //o 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causas of importance |
| 8. Trede, profession, or particular | were as follows: |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. | Dies suddenly with |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc | P. Jamo |
| | and I have not well |
| this occupation (month end year) He occupation Me | and of variance |
| 12. BIRTHPLACE (city or town) | Other Coatributory Causes of importance: |
| (State or country) Walkall Mel, | -100 / 010 |
| 13. NAME Yesse Ancram. | Pessibly Cerefial General ge |
| 13. NAME Jesse Jucsam. | Name of operation Dete of |
| (State of country) | What test confirmed diagnosis? Was there an eulopsy? |
| 15. MAIDEN NAME Margaret Sifin 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIDLENCE) fill in also the following: |
| [16. BIRTHPLACE (city or town) | Accident, sulcide, or homicide? Date of Injury, 19 |
| (Stata or country) Wash to Moc. | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT PESSE Yngram, | Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| (Address) / Washing m.M. | Signed by Junession |
| Place Demples Manor, Data Feb 23, 19.33 | Manner of injury |
| 19. UNDERTAKER / J. R. Cacheles, | 24. Was diseese or Injury in any way related to occupation of deceased? |
| (Address) / Bolivar Willa, | If so, specify |
| 20. FILED 2-23, 1938 Ely Duyer | (Signey) All A Sharp July M. D. |
| Registrar. | (Address) Jungan |

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| 1 | Example II | |
|---------------|---|--|
| Date of onset | The principal cause of death and related cause of importance were as follows: | Dete of onset 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| 1 | Gaviaoas | A . |
| May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| 1 | | 2 3/00/ |
| | 1921 July 5,1927 | The principal cause of death and related cause of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

| ADDITIONAL | SPACE FO | R FURTHER | STATEMENTS | RY | PHYSICIAN |
|-------------|-----------|--------------------|------------|------|-------------|
| TENTOTTECHT | DI WOLL L | A T. O. ICT TITLIT | DIVITATIVE | AP I | TITIOIOTATA |

| | | |
|--|------|--|
| | | |
| | | |
| | | |
| | | |

MARGIN RESERVED FOR BINDING

| County M. Q. STAIN COLOR OF A STAIN COLOR OF A STAIN COLOR OF RACE Village or City. M. Q. C. V. S. D. W. M. | 1. PLACE OF DEATH | <u> </u> |
|--|--|---|
| Village or City | county Mashinalan | Registration Dist. No. 302 |
| 2. FULL NAME A 100 F 100 S 20 S 2 | | No. 113 Herancler st. Ward |
| (a) Residence: No. 1 3 FLOUR AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX | | |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (**mir the word) 1. DATE OF DEATH 2. L. HER EBY CERTIFY. That I attended deceased from (Month) 2. L. HER EBY CERTIFY. That I attended deceased from 19. July | | |
| 3. SEX 4. COLOR OR RACE OR DVORCED (wing the world) FL Male UNIVE OR DVORCED (wing the world) 53. If married, widowed, or divorced HUSARUP OF CERTIFY. That I attended deceased from (c) WIFE of (c) WIFE o | (a) Residence: No. 113 + La X a 13 (1eV | |
| FLYMAL URIVE OR DIVORCED (somity the word) 50. II married, wildowed, or divorced HUSBAN (Month) (Day) (Year) 50. II married, wildowed, or divorced HUSBAN (Port) 61. DATE OF BIRTH (month, day, and year) HOV: 15 - 1800 7. AGE Years Months Days II LESS than 1 (day, not year) Hove the said of the date stated above, at 10 Pm. In Family or work done, as SPINNER. As 1 (day, not year) How to have occurred on the date stated above, at 10 Pm. In Family or business in which SAW MILL, BARK, etc. 9. Industry or business in which SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation fronth and 1-933 occupation to 4 years occupation fronth and 1-933 occupation | | MEDICAL CERTIFICATE OF DEATH |
| HUSIAND of (C) WIFE of (C) PIRTH (month, day, and year) FLOY. 15 - 18 0 7. AGE Years Months Days If LESS than I day. hts. or min. 8. Trade, profession, or particular size of the profession of the date stated above, at m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: S. Trade, profession, or particular size of the profession of the date stated above, at m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done; as STILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at 11. Total time (yeers) spent in this year) SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at 11. Total time (yeers) spent in this year) SAWYER, BOOKKEPER, etc. 11. Total time (yeers) spent in this year) Social concentry of the profession of the particular spent in this year) Social concentry of the profession of t | Female white Mayxie the word) | taby 11 ,1933 |
| 6. DATE OF BIRTH (month, day, and year) HOV. 15 - 18 0 7. AGE Years Months Days If LESS than I dey, hrs. on min. 8. Trade, profession, or particular Review of the date stated above, at. 2.6 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: foll | HUSBAND of | Acres at 1 Acres |
| 7. AGE Years Months Days If LESS than 1 dey, or not control of the date stated above, at | 5. DATE OF BIRTH (month, day, and year) PMI 15 - 1870 | |
| 8. Trade, profession, or particular sin profession sin profession. Date of other Coatributery Casses of importance: Other Coatributery Casses of importance in particular site of interportance in particular site of interportanc | | to have occurred on the date stated above, atm. |
| Same of operation Same | 0 2 T. ormin. | word as follows: |
| Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME DYM QS QY S QY IN Q (State or country) 15. MAIDEN NAME (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT QS 18. BURIAL CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED OCCUPATION OF CONTROLL (Signed) OTHER Contributory Causes of importance: OTHER Contri | 8. Trade, profession, or particular kind of work done, as SPINNER, Abu Sawiye SAWYER, BOOKKEEPER, etc. | Cerebias Newsonless Let. 9 |
| Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME DYM QS QY S QY IN Q (State or country) 15. MAIDEN NAME (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT QS 18. BURIAL CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED OCCUPATION OF CONTROLL (Signed) OTHER Contributory Causes of importance: OTHER Contri | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 13. NAME 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANTILL S S S S S S S S S S S S S S S S S S | 10. Dato deceased last worked at this occupation (month and 1 - 1933 11. Total time (yeers) spent in this occupation (20475) | |
| (State or country) 13. NAME | 12 RIRTHPLACE (city or town) Cleavs wing | Other Contributory Causes of importance: |
| What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Opecify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) Was there an autopsy? 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) MANNE What test confirmed diagnosis? Was there an autopsy? 24. Was disease or injury in any way related to occupation of deceased? If so, specify MACCIDENTAL CREMATION, OR REMOVAL 19. UNDERTAKER (Address) MACCIDENTAL CREMATION, OR REMOVAL MANNE 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) MACCIDENTAL CREMATION, OR REMOVAL MACCIDENTAL CREMATION, OR REMOVA | (Stata or country) | Dypurpewin + arteris Selemen year |
| What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL CREMATION, OR REMOVAL Place Place 18. BURIAL CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 11. (Signed) What test confirmed diagnosis? Was there an autopsy? 20. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide? Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Signed) (Signed) Mass there an autopsy? 24. Was there an autopsy? 24. Was disease or mijury in any way related to occupation of deceased? If so, specify (Signed) M. D. | 13. NAME Nomas Coybett | |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) C 2 C Y S D Y i Y Y (State or country) 17. INFORMANT 1 9 S D 2 S 2 D D 1 S O N S O | 14. BIRTHPLACE (city or town) CLOCK S 11 Mg (State or country) | |
| Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL CREMATION, OR REMOVAL Place County and State) Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) (Signed) Manner of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | # 15. MAIDEN NAME LU Sannath: Hlister | |
| (Specify city or town, county and State) 17. INFORMANT 19. S 30.55 2 30 M S ON S ON Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) H C | 16. BIRTHPLACE (city or town C CC Y S D Y i M 4 (State or country) | |
| 18. BURIAL CREMATION, OR REMOVAL Place CLASS Date CLAS | | (Specify city or town, county and State) |
| (Address) Hagers Thun. III I If so, specify John M. Merzy M. D. (Signed) Javin M. Merzy M. D. | 18. BURIAL CEMATION, OR REMOVAL | |
| 20 FILED 2-14-1933 Sharff Sower (Signed) Som M. Menzy M.D. | | |
| | 1-14- 22 6444 41/2 204 | (Signed) Aven M. Menzy M.D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

See instructions on back of certificate.

TION is very important.

ż

| | 1. PLACE OF | DEATH | | | (197) | |
|--|--|---|------------------------------|---------------------------------------|---|-----------------|
| | County | Washington. | | | Registration Dist. No. 307 | 2, |
| | Village Dr Ci | ty Hagers | LOWN. | 株長出ー的一番 n | E70 D: 1 . A | 4 |
| | Autage Di Ci | (y | 1 | 5 (# | death occurred in a hospital or institution, give its NAME instead of street and n | Ward (umber) |
| | Length of resid | lence in city or town where d | | yrsmos | ds. How long in U.S. if of foreign birth?yrsmo | sds. |
| | 2. FULL NAN | ME William | A. Joh | nson. | | |
| | (a) Residence | e No 538 Rid | ge Ave. | | St. 2 Ward. | |
| | (a) Nooidono | | (Usual place | of abode) | If nonresident give city or town and | State |
| | PERSON | AL AND STATISTI | CAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. | Male | 4. COLOR OR RACE White | | RIED, WIDOWED, O (write the word) ed. | 21. DATE OF DEATH Feb 13 (Month) (Day) | 193 3 |
| 5a. | . If married, widowe HUSBAND of (or) WIFE of | | Ma raa: John: | | 22. I HEREBY CERTIFY, That i attended of | deceased from |
| 6. | | pril 7, 18 month, day, and year) | 47. | | 200.00 / 27 | ; death is said |
| 7. | AGE Years | | Days | If LESS than | to have occurred on the date stated above, at | |
| | 85 | 10 | 6 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | B |
| NO | 8. Trade, profess | sion, or particular ork done, as SPINNER, BODKKEEPER, etc | Retire | d | arterioschous | Date of onset |
| OCCUPATION | 9. Industry or b work was SAW MILL | | nal Boa | tman. | une die riast- | 6/3/752 |
| 000 | Date decease | d last worked at ation (month and | 11. Total ti spen occu | me (years) t in this pation | | |
| 12 | . BIRTHPLACE (city | | burg. | | Other Contributory Causes of importance; Character and the second contributory Causes of importance; | 1930 |
| 2 | 1 | enry Johnson | 1 | | Chrania pirostateles | 1720 |
| FATHER | | Wachin | ngton Co | nintr | | |
| | 14. BIRTHPLACE (State or o | (city of town) | | Juli oy | What test confirmed diagnosis? | utansy? 220 |
| HER | 15. MAIDEN NAM | Elizabetl | h McCoy | | 23. If death was due to external causes (VIDLENCE) fill in also the following: | |
| MOTHER | 16. BIRTHPLACE (State or | (city or town) Washin | ngton Co | ounty | Accident, suicide, or homicide? Date of Injury Where did Injury occur? | , 19 |
| Frank Wyand. (Address) 538 Ridge Ave, Hagerstown. | | | | rstown. | (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA |) CE. |
| 18. | BURIAL, CREMATI | on, or removal rpsburg, Md | • Date Feb | 15 , 19 33 | Manner of injury | |
| 19. | . UNDERTAKER (Address) | Fred W. Kra Hagerstown | | | 24. Was disease or Injury In any way related to occupation of deceased? | N |
| 20. | FILED Z -/c | 5-103367 | usefto | Registrar. | (Signed) Stokest - Wells (Address) 152 Petones Hagaisto | M_D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| STATE OF MARYLAND | -CERTIFICATE OF DEATH 02067 |
|---|--|
| County The as have along | 300 |
| O T' W | Registration Dist. No. |
| Village or City_(Intel@ne | No. St., Ward My death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurred | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME D. Dale Si | |
| (a) Residence: No. Doorstop m | 7.d -St., Ware. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED | MEDICAL CERTIFICATE OF DEATH |
| Male Columber OR DIVORCED (write the word) | |
| e. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| DATE OF BIRTH (month, day, end year) | I last saw have alive on, 19 deeth is said |
| AGE Years Months Days If LESS that | |
| 20 10 14 I day, | |
| 8 Trade profession or particular | drowning in some Date of onest |
| kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month and | on account of boot |
| 9 Industry or business in which work was done, as SILK MILL, | Capstriling |
| SAW MILL, BANK, etc | <i>s</i> - |
| this occupation (month and year) occupation | |
| 12. BIRTHPLACE (city or town) Boouston | Other Contributory Canses of Importance: |
| (State or country) (lash, Co. md. | Vatalor Grane |
| 13. NAME Clarence Line | |
| 13. NAME Clarence 14. BIRTHPLACE (city or town) Adallia | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Helen S. Stoudle | 23. If death was due to external causes (VIDL ENCE) fill in also the following: |
| 15. MAIDEN NAME Helen S. Struffe 16. BIRTHPLACE (city or town) Boronstone (State or country) | Accident, sulcide, or homicide? accident Date of injury 2/22, 1933 |
| (State or country) Charle, Co. Md. | Where did Injury occur? in Matorina line |
| 7. INFORMANT Clarence Since (Address) | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 8. BURIAL, CREMATION, OR REMOVAL | Tolomon Sign / Ran Dangstruy, |
| Place Boonelmo Date Jel 25 193 | Manner of injury Westernay Octobrony |
| 9. UNDERTAKER DAY Dast & Son | 24. Was disease or Injury in any way related to occupation of deceased? |
| (Address) Sooneby md | If so, specify |
| 20. FILED 724 1933 20 Registrar. | (Signed) thanks of Thomas accum course, D. |
| | ear, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example II | | |
|---|-------------------------------------|---------------|--|---------------|--|
| The principal cause of importance were as | f death and related eauses follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | FT (1 / ST) | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial neph | rilis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | 1 1000 | July 5,1927 | Peritonitis | 3 days ago | |
| | | 1 | · · · · · · · · · · · · · · · · · · · | | |
| | | 3 | | | |
| Other contributory ea | uses of importance: | | Other contributory causes of importance: | 4 | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | 1 | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very integrant. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING IARGIN RESERVED -WRITE PLAINLY, WITH

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | 00008 |
| county Mash, na You | Registration Dist. No. 30 2 |
| Village or City Maugans Villa. | No. St., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Thichaul howery | |
| (a) Residence: No. TT Qua Que Ville. | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighte word) TO Y Y & C. Y | 21. DATE OF DEATH FLESH 4 (Day) 193 3 (Year) |
| HUSBAND OF Thrubell. | 22. I HEREBY CERTIFY. That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) TA Q 4 8 - 186 | I last saw h in alive on Seel 9 - 5719 death is said |
| 7. AGE Years Months Deys If LESS than | to have occurred on the date stated above, at 1 2 m. |
| 72 9 / I day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trede, profession, or particular kind of work done, as SPINNER, SXWYER, BOOKKEEPER, etc Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and the content in the cont | Gerident to I in his mom like |
| Industry or business in which work wes done, as SILK MILL, | Laure and Control of the Control of |
| SAW MILL, BANK, etc. | st-h: |
| ID. Date deceased last worked at this occupation (month and the occupation occupation occupation and the occupation occup | 2.40.01.0 |
| The succession | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | Che Mygranthy |
| | Campy |
| 13. NAME YOURYY | |
| 13. NAME YOURY LOWRY LA 14. BIRTHPLACE (city or town) TOUGANONIE | Name of operation Dete of |
| (Stefe or country) | Whet test confirmed diagnosis? Wes there en autopsy? |
| 15. MAIDEN NAME (CAYY LT 17472 | 23. If death was due to external causes (VIDL ENCE) fill in also the following: |
| 6 16. BIRTHPLACE (city or town) Thaugans ville | Accident, suicide, or homicide?Date of injury, 19 |
| (State or country) | Where did injury occur? |
| (Address) Hagerstown. Tid. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| 18. BURIAL GREMATION, OR REMOVAL | Manner of injury |
| Place 2 Y Dady 5 I Diny 11 Capate teby 11 1933 | Neture of injury |
| 19. UNDERTAKER AK. CIXX man (Address) Hage Stown, Md | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 2-9-, 133 Chaffbowers Registrar. | (Signed) M. D. (Address) Zerown neg |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Roquesting U. S. No. 1. |

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| Example I | | Example II | 1 |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | Agartis. | |
| Other contributory causes of importance: | | Other contributory causes of importance: | TEN N |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | الــــــا | | |

| ADDITIONAL S | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|-------|-----|---------|------------|----|-----------|
|--------------|-------|-----|---------|------------|----|-----------|

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

TION is very important.

(Address)

CAUSE OF DEATH in plain terms, so that it may be

carefully supplied.

mation should -WRITE PI

B.

V. S. No. 1

Exact statement of OCCUPA-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | |
| County The ashing tow. | Registration Dist. No. 303 |
| Village or City Makelleille | No. St. Ward |
| (16 | death occurred in a hospital or institution, give its NAME instead of street and number) |
| 2. FULL NAME - Lorence L. Mc/ | ds. How long in U.S. if of foreign birth?yrsmosds. |
| (a) Residence: No. Makleville Md. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. Li. married, widowed, or divorced | 21. DATE OF DEATH The contract of (Mophy) (Day) (Year) |
| 6. DATE OF BIRTH (month, day, and yeer) Cycil · 7 - 185 4 7. AGE Years Months Days If LESS then 1 day,hrs. ormln. | 22. I HEREBY CERTIFY. That I attended deceased from Security 1937, to Tuling 5 1933; deeth is said to have occurred on the date stated above, it 5 457 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: Date of onset |
| No I rade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Do late deceased last worked et this occupation (month and year) spant in this occupation. | Chrome Myocardates July /32 |
| 12. BIRTHPLACE (city or town) Beaver Creek (State or country) Wash, Co. Md. | Other Contributory Causes of Importance: Cateria. A Clertus. |
| 13. NAME Cyrus B. Kaylor. 14. BIRTHPLACE (fily or town) Beauce Creek (State or country) Cuash. Co. Md. | Name of operation Date of Whet test confirmed diegnosis? Wes there en autopsy? |
| 15. MAIDEN NAME Catherine Courad 16. BIRTHPLACE (city or town) 7 unleatour (State or country) 7 and 6. | 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? |
| 17. INFORMANT Trank Kaylor (Address) Beaus Jereck Md. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place - along levelay Date 7 dr. S. 19.33. | Nature of Injury |
| 19. UNDERTAKER TOGO LONG XX SOV | 24. Was diseese or Injury In any way releted to occupation of deceased? |

Registrar.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|--------------|--|---------------|
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| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

RESERVED FOR BINDING

MARGIN

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7

1.

| PLACE OF DEATH | STATE OF MARYLAND |
|---|--|
| County Washington | CERTIFICATE OF DEATH |
| Tillage or City Ha aproture (No. Waskington | Registration Dist. No |
| illage or City Hagerstown (No. // Milliage) | a hospital or institu- tion, give its NAME li- |
| 2 FULL NAME Mr Oscar Mill | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE SANGLE, MARRIED, Married | 16 DATE OF DEATH feb 16 1983 |
| Male White OR DIVORCED (Write the word) | february (Month) 16 (Day) 1933 (Year) |
| DATE OF BIRTH | HEREBY CERTIFY, That I attended the deceased from |
| Tune 1, 1869 | that I last saw h wishive on Jeb / 6 , 1923 |
| (Month) (Day) (Year) AGE | and that death occurred on the date stated above, at 3:30 Pm. |
| 1 dayhrs. | The CAUSE OF DEATH * was as follows: |
| OCCUPATION or min.? | Accident. |
| (a) Trade, profession or particular kind of work | Turfered and |
| (b) General nature of industry | Of 1 9 at mobile cross |
| business, or establishment in which employed or (employer) | Direction Direction) yrs mos de. |
| BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF DAIL | (Signed) Mally Sapara M. D. |
| FATHER Robert Mills | (Signed), 1933 (Address) Hage Atomas M.D. |
| OF FATHER | *State the l'is ase Causing Lorth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| (State or country) // ary and | Accidental, Suicidal or Homicidal. |
| OF MOTHER Un Revour | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place of death yrs mos ds. In the Staten yrs mos ds. |
| (State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, Oldan Spring |
| 0 0 11.00 | Former or usual residence. |
| (Informant) & lines Mills | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Clear Spring, R. F. D | Parkhead Church yard 2-19-19- |
| 5 Filed 2-17- 1933 Bhot Howers | 20 UNDERTAKER ADDRESS ADDRESS ADDRESS |
| Registras | r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1. |
| st more branks are moderly address trace hegistras | Mak |

02070

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; if state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, House-work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (o) cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, borer, Farm loborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile foctory. The material Grocery,

Statement of Cause of Death—Name, first, the Dis-EAL OF OUR DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosqual meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e. g., sepsis, letunus) may be stated under the head of "contributory." Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus, Old rage,
> "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart tanue," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be (secondary or intercurrent) affection need not be (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Measles ; disease;

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| 1. PLACE OF DE | TH / | · L | | 158 | |) |
|--|--------------------|----------------|--|---|---|--------------------------|
| County //a | Shy | 29/40/2 | v | | Registration Dist. No. | 503 |
| Village or City | Chu | fills | zc | No | ************************************** | St., |
| Length of residence in | city or town where | deeth occurred | | If death occurred in a horpital or instinct. ds. How long in U.S. If | | |
| (a) Residence: No. | | | | St., Ward. | | |
| | | (Usual place | | | If nonresident give city or to | wn and State |
| PERSONAL A | - | ICAL PART | ICULARS | | CERTIFICATE OF DEA | TH |
| Make H | OR OR RACE | | RIED, WIDOWED, ED (write the word) | 21. DATE OF DEATH | High pet (Oay) | , 193 (Y |
| 5a. If marriad, widowed, or di- HUSBANO of (or) WIFE of | rorced | | | 22. HEREB | Y CERTIFY, Thet I al | tended dacease |
| 6. DATE OF BIRTH (month, d | ay, and year) 7 | 0/-1- | 1923 | I last saw have alive on | Ach. 1st | 9.3.3; death |
| 7. AGE Years | Months | Oays | If LESS than I day, hrs | I III I KINCIFAL CAUSE OF DEA | ted above, atm. ATH and ralatad causes of importan | |
| 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | | | were as follows: | nown | Data | |
| 9. Industry or business work was done, as SAW MILL, BANK | etc | I1. Total | tima (yaars) | Grobally congenits | | |
| this occupation (m | onth and | spe occ | nt in this upation | no further in | | |
| 12. BIRTHPLACE (city or town (Stata or country) |) () | 40 | | Other Contributory Courses of Im | portance: | |
| 13. NAME als | an | Groon | E | | | |
| 13. NAME 11. BIRTHPLACE (city or (State or country) | own) | 116 | | Name of operation | Oa | ite ofere an eutopsy |
| 15. MAIOEN NAME | rolla | John | and | | ouses (VIOLENCE) fill in also the f | |
| 16. BIRTHPLACE (city or | own) | 111.1 | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | Accident, suicide, or homicide? | Oate of injury. | I |
| State or country | libra | in h | W01 E. | Where did injury occur? Specify whether injury occurred | (Specify city or town, county in INOUSTRY, In HOME, or in PUB | and State) LIC PLACE. |
| (Address) De Spring had | | | | | | |
| 18. BURIAL, CREMATION OF | REMOVAL | Ogto Flet | 2 3 ml 193. | Mannar of injury Natura of injury | | A |
| 19. UNDERTAKER Han | ther G | Cears | War 12 | 24. Was disaase or Injury In any | way ralated to occupation of daceas | sad? Kr |
| 7/ | | 701 | 00 | (Signed) | Shan Ork | gran |

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
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| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| - The state of the | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

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|-------|---|---|---|---|---|
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| | (93-0) |
|--|--|
| ty Washinston | Begin ation Dist. No. 20 |
| ge or City That sho Tours | No. 430M Noyell St. 5 Ward |
| h of residence in city of sewn where weath occurred 4 Ars mos. | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 11/12/18/11 | ans; |
| L NAME DECOME OF THE | 10 10 |
| Residence: No. 7 20 M Jourell (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| RSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH 1 0 /2 2 |
| OR DIVORCED (write the word) 4 | Jef. 195 |
| d. widowed, or divorced | (Month) (Oay) (Year) |
| d, widowed, or divorced NO of | 22. I HEREBY CERTIFY That I attended deceased from |
| Mary Moon | Jan 18, 193, 10 Feb. 12, 1983 |
| BIRTH (month, day, and year) Au 3/ 1802 | Hast saw ham alive on Feb. 11 , 1933; death is said |
| Years Months Deys If LESS than | to have occurred on the date stated ebove, atm. |
| 7/ 0 /2 1 day,hrs. or min. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| e, profession, or particular | Dote of onset |
| Ind of work done, as SPINNER, CPI Daw Man | Chimic Myosalito Sell |
| stry or business in which york was done, as SILK MILL, AW MILL, BANK, etc. | |
| deceased last worked at 7/ 11. Total time (years) | |
| his occupation (month and 1/32 spent in this occupation 2 5/45 | |
| ACE (city or town) Willstone | Other Contributary Causes of Importance: |
| e or country) . Zud | |
| e Jack Y. Moore | |
| HPLACE (city or town) Wellstone | Neme of operation |
| State or country) | What test confirmed diagnosis? Was there en autopsy? |
| DEN NAME Matelda Halls | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| HPLACE (city or town) Zuella true | Accident, suicide, or homicide? |
| State or country) | Where did injury occur? Are |
| Wash land Catego | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| (ess) 430 masoure 11, care | The state of the s |
| CREMATION, OR REMOVAL | Manner of Injury |
| 14 ag cro tona Date 1 19 , 19 3 3 | Nature of Injury |
| KER Elusitent Lous | 24. Was disease or Injury in any way related to occupation of deceased? Wo |
| (ess) Nagyatown rud | If so, specify |
| 5-13 33 6 halt Bowers | (Signed) M. D. |
| Registrar. | (Address) Hogers toby life |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Add

20, FILEO

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

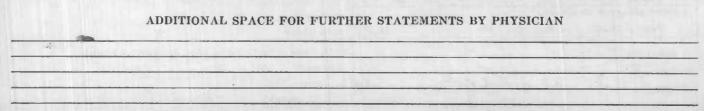
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | | Example II | |
|--|--|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | The same of the sa | | |
| (BU | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |



| A. A. | STATE OF MARYLAND | CERTIFICATE OF DEATH |
|--|--|---|
| sta UP. | 1. PLACE OF DEATH | A |
| CCE | County Washington | Registration Dist. No. 3// |
| should of OCC | Village or City Flavor Play md | No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| FO | | ds. How long In U.S. it of foreign birth? yrs mos. ds. |
| (D. Every YSICIANS statement | 2. FULL NAME WICK I MOVING | |
| SIC | (a) Residence: No. Fallslay Md | St., Ward. |
| | (Usual place of abode) | If nonresident give city or town and State |
| KECO PH Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 1 7 | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WILLOW | 21. DATE OF DEATH 2 5 193 3 (Year) |
| MANEN ACTI assified. | 5a. If married, widowed, or divorced Husband of | 22. I HEREBY CERTIEY. That I ettended decoased from |
| A A ass | (or) WIFE of Of Danwel Morin | Jan. 1 1933 to Feb. 5 1933 |
| EXE. | 6. DATE OF BIRTH (month, dey, and year) 6 = 5 = 1868 | Hast saw here alive on Fely 4 , 1933; death is said |
| A Pleed perly ificat | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 100 Am |
| IS A PE stated E properly certificate | 64 8 10 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Impollence were as follows: |
| 70 | 8. Trade, profession, or perticular kind of work done, as SPINNER, | Oate of officer |
| be pe of | SAWYER, BOOKKEEPER, etc. | Concernat hered 1930 |
| K—T hould may back | 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. | |
| INK. Sho | U 10. Date deceased last worked at 11. Total time (yeers) | <u> </u> |
| | this occupation (month end spent in this occupation occupation | |
| NFADING pplied. AGI erms, so tha instructions | 12. BIRTHPLACE (city or town) furth Hill | Other Coutributery Causes of importence: |
| AD sd. s, s | (State of country) Find Co Md | mul |
| UNF. supplie n terms ee instr | 13. NAME Autor tooper | |
| TH UNFA y supplied ain terms, See instr | 14. BIRTHPLACE (city or town) Church Hill (State or country) | Neme of operation Oate of Oate of |
| ITH Illy plai | 3 Colore of Gooding | What test confirmed diagnosis? Naul Wes there en eutopsy? |
| | 15. MAIDEN NAME Resolution Bollowson 16. BIRTHPLACE (city or towns of the World Hill | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| INLY, W be carefu EATH in important | 5 16. BIRTHPLACE (city or town) | Accident, suiside, or homicide? |
| be SA7 | (State or country) Fract Common | Where did Injury occur? (Specify city or town, county and State) |
| | 17. INFORMANT MACHINE AND | Specify whether injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. |
| i sa ki | 18. BURIAL, CREMATION, OR REMOVAL AT | Manner of injury |
| is is | Place Dakens willy Octe 2, 3 / 19.33 | Nature of injury |
| -WRIT mation CAUS TION | 099 | 24. Was disease or injury in eny way related to occupation of deceased? |
| TESE | 19. UNDERTAKER (Address) / Tangle Avillage Made | if so, specify |
| m C | 10 5 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | (Signed) I'M , Jumpensey M. D |
| z | 20. FILE DIVICE Long, 1820 Registrar. | (Address) Williams french mole |
| | Emore blanks are needed, address State Registrar, | 2411 N. Charles Street, Balimore, Requesting V. S. No. |

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| | Example I | | Example II | |
|--|--|---------------|--|---------------|
| The principal cause of importance were a | of death and related causes sfollows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | MAD 3 1033 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nep | hritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAU V S | July 5,1927 | Peritonitis | 3 days ogo |
| | U.S. S. | | | |
| Other contributory c | auses of importance: | 1 | Other contributory causes of importance: | |
| Gollstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | 35 |

1000

V. S. No. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. | 60 | 64 | s-th _Q | 18 |
|----|----|----|-------------------|----|
| U | 6 | 0 | 6 | 4 |

| 1 | L PLACE OF DEATH | 72:30 |
|------------|---|--|
| | County Washington | Registration Dist. No. 302 |
| | Village or City hagerstown, | No. Washington County Hospistal 3 Ward |
| | | f death occurred in a hospital or institution, give its NAME instead of street and number) |
| | | sds. How long in U.S. if of foreign birth?yrsmosds. |
| 2 | 2. FULL NAME Katheryn Maxine Mose | |
| | (a) Residence: No. 158 W. North Street (Usualplace of abode) | St., 2 Ward. If nonresident give city or lown and State |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Female 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single | 21. DATE OF DEATH February 23, 1933. (Month) (Day) (Yeer) |
| 5a. | If merried, widowed, or divorced HUSBANO ot (or) WIFE of | 22. I HEREBY CERTIFY, That I ettended deceased from |
| | | 1-19- ,1977, to 2-27- 77 ,19 |
| - | DATE OF BIRTH (month, dey, end year) April 30, 1922. | I last sew because alive on 1 2 2 2 3 19 ; death is seld |
| 7. | AGE Yeers Months Deys If LESS than 1 dey,hrs. | to have occurred on the dete steted above, at 1:00A.m. |
| | ormin. | The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows: |
| N | 8. Trade, profession, or perticular kind of work done, as SPINNER, School Child SAWYER, BOOKKEEPER, etc. School Child | Grato (alenhemic) |
| TIC | SAWYER, BOOKKEEPER, etc. School Child 9. Industry or business in which | 711 |
| UP | work was done, es SILK MILL, SAW MILL, BANK, etc | lymphete lunhama 1/37 |
| OCCUPATION | 10. Date deceesed lest worked et this occupation (month and spent in this occupation | |
| | | Other Contributory Causes of Importance: |
| 12. | BIRTHPLACE (city or town) Hagerstown, Md. | Impure Hemonlegua |
| œ | 13. NAME Ernest M. Mose | yayuon me that |
| FATHER | | |
| FA | 14. BIRTHPLACE (city or town) Sharpsburg, (Stete or country) Md | Name of operation Oate of |
| ~ | 15. MAIOEN NAME Catherine Miller, | Whet test confirmed diagnosis? Wes there an autopsy? |
| MOTHER | | 23. If death wes due to externel causes (VIOLENCE) fill in also the following: |
| MO | 16. BIRTHPLACE (city or town) Security, (Stete or country) | Accident, suicide, or homicide? |
| | | Where did injury occur? (Specify city or town, county and State) |
| 17. | INFORMANT Ernest M. Mose, | Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. | (Address) Hagerstown, Md. | Manage of Latina |
| | Place Sharpsburg, Md Date Feby. 25,19 33 | Manner of injury |
| | | Trecord of mysty |
| 19. | UNDERTAKER Fred W. Kraiss, (Address) Hagerstown Md | 24. Wes disease or injury in eny wey related to occupation of deceased? |
| | = -12 66 44 11/1 | If so, specify OW O. The |
| 20. | FILED 2- 25-, 1922 plast Howers Registrar. | (Signed) M. D. |
| | Kegistrar. | (Modiess) |

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
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| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

E instead of street and number) If nonresident give city or town and State (Day) (Yeer) That I eltended deceased from Date of onset

Was there an eutopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

offy city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| di di | Example II | |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | 100 |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

| SIAIL OF N | TARYLAND— | CERTIFICATE OF DEATH | 40.0 |
|--|--------------------------------------|--|---------------|
| | | 30 | 20 |
| County Wash: ng Yo | | Registration Dist. No. 30 | . / |
| Village of Eith III aug an | SVIIIQ | No. 11 e mon. Ye Mem. Homest, death occurred in a horpital or institution, give its NAME instead of street and n | umber) |
| Length of residence in city or town where deeth occu | | | sd |
| 2. FULL NAME HILL CE V | V. Peyerr | n a.n | |
| (a) Residence: No. 128 E | | St., H Ward. | State |
| PERSONAL AND STATISTICAL | PARTICULARS | MEDICAL CERTIFICATE OF DEATH | Mate |
| 3, SEX 4. COLOR OR RACE 5. SING | LE, MARRIED, WIDOWED, | 21. DATE OF DEATH | _ |
| | DIVORCED (write the word) | (Month) (Day) | (Year) |
| 5e. If merried, widowed, or divorced HUSBAND of | | | , ==-7 |
| (or) WIFE of John. | | 22. J HEREBY CERTIFY. That I ettended of | eceased fro |
| 6. DATE OF BIRTH (month, day, and year) | 74481-100 | Hast saw h 2 elive on walky 18 ,1933 | ; death is sa |
| 7. AGE Years Months | Days If LESS than | to heve occurred on the dete stated above, at | |
| 88 1 1 | 1 dey,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows: | Date of onse |
| 8. Trade, profession, or perticular kind of work done, es SPINNER. | | | |
| SAWYER, BDOKKEEPER, etc | sew. | artern Scheroses | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked at | | mierro desorra | |
| 10. Date deceesed lest worked at this occupation (month and | 11. Total time (years) spent in this | | |
| year) J. CA. 19.32 | occupation LOULYS | Other Contributory Canses of importance: | |
| 12. BIRTHPLACE (city or town) Clux KS D (State or country) | yrq. | hone | |
| | 4 | | |
| I | bunc | Name of operation Dete of | |
| 14. BIRTHPLACE (city or town) \(\alpha \times \text{Ks} \) (State or country) | d. T | What test confirmed diagnosis? Was there an a | utopsy? |
| 15. MAIDEN NAME NO REC | end | 23. If deeth wes due to external causes (VIOLENCE) fill in elso the following | |
| 5 16. BIRTHPLACE (city or town) | reund | Accident, suicide, or homicide? Date of injury | , 19 |
| Stete or country) | <u> </u> | Where did injury occur? (Specify city or town, county and State | |
| 17. INFORMANT MY C. H. Lea | man | Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLA | ĆE. |
| 18. BURIAL, CREMATION, DR REMOVAL | · FTT 4 | | |
| Plece Magers Your, Mapatel | eby20 1933 | Menner of injury | |
| DICONOLINA | | 24. Wes disease or injury in any wey releted to occupation of deceased? | |
| 19. UNDERTAKER H | own, Md | If so, specify | |
| 20. FILEO Floundit 1933 George H. | Brewlake | (Signed) af Tauffer | M. |
| 1 Malli | ty Zveal Registrar. | (Address) | |
| If more blanks of | eneeded, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | |

MARGIN RESERVED FOR BINDING

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|--|---------------|--|---------------|
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| Arteriosclerosis | 1915 | Attack of epilepsy A OVERIA | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | 3 days ago |
| | | ESAISOS | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | y | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH (12) | 177 |
|---|--|----------------|
| 1. PLACE OF DEATH | | |
| County Washington | Registration Dist. No. 30 | 2 |
| Village or City Harris lewe | No/33 & autilian St. 5 | Ward |
| 24 11 11 | death occurred in a hospital or institution, give its NAME instead of street and number of the s | |
| Length of residence in city or town whose death occurredyrsmos | ds. How long in U.S. if of foreign birth?yrsmos | ds. |
| 2. FULL NAME COULT & Might | 1: | |
| (a) Residence: No. 133 & Cuttle face (Usual place of abode) | St, 3 Ward. If nonresident give city or town and S | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | Kaic |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH | |
| West (After OR DIVORCED (write the word) | Feb. 18 | 193 |
| 5a. If married, widowed, or diverced | (Month) (Day) | (Year) |
| HUSBAND of COLUMN WIFE OF THE PROPERTY OF THE | 22.0 I HEREBY CERTIFY That I attended de | eceased from |
| 24 10 18(3) | Jean 1, 1921 to 12, 18, | ., 103 |
| 6. DATE OF BIRTH (month, day, and year) War. 1000 | 2:0:0 | death is said |
| 77 11 10 1 day,hrs. | to have occurred on the date stated above, at 200 cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| 8. Trade, profession, or particular | were as follows: . Cava | Date of onset |
| SAWYER, BDDKKEEPER, etc | Chamber of to | 2 -/3-33 |
| 9. Industry or business in which | Chair My nech to | 1-17-22 |
| Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc | | 5-11-25 |
| | | |
| year) occupation | Dther Contributory Causes of Ipportance: | |
| 12. BIRTHPLACE (city or town) - Curpalury | arteriositroni | 1-7-27 |
| (State or country) | S | |
| 14. BIRTHPLACE (city bt town) Standary | | |
| 2 14. BIRTHPLACE (city by town) Thanks | Name of operation some Date of | |
| (State of country) | What test confirmed diagnosis? | topsy? Ko. |
| 15: MAIDEN NAME Mary Etta, boot | 23. If death was due to external causes (VIDLENCE) fill in also the following: | • |
| 16. BIRTHPLACE (city or town) Zury le arruet | Accident, suicide, or homicide? Date of injury | , 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |) |
| 17. INFORMANT VIVI FULLY OF | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC | ČE. |
| (Address) 33 & Cutiflan VI. 18. BURIAL, CREMATION, OR REMOVAL | 1 | |
| Place /4 a 2 200 town Date Z - 2 1933 | Manner of injury | |
| 0-14-1 | Nature of įnjury | 10 |
| 19. UNDERTAKER (Address) | 24. Was disease of injury in any way related to occupation of deceased? | |
| 7.31 - 22/9 HAS 101 | (Signed) W. Howard Jeogh | i ₄ |
| 20. FILED | (Address) I to going four Mind | M. D. |
| If more blanks are needed, address State Registrar. | 1 | |

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| Example I | 1 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1 | Example II | | |
|--|---|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
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| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| 502240 7.5 | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

PHYSICIANS should state

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

AGE should be

mation should be carefully supplied.

Exact statement of OCCUPA-

| STATE OF MARYLAND | -CERTIFICATE OF DEATH 02078 |
|--|--|
| 1. PLACE OF DEATH | <u> </u> |
| County Washington | Registration Dist. No. 3 0.3 |
| near on A . 10 | :-2\71. |
| | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residanca in city or town whera daath occurredyrs | mos ds. How long in U. S. if of foreign birth? yrsmos ds. |
| 2. FULL NAME Calpin Stewart Ree | |
| (a) Residence: No. Perutomillo Med | St., Warel. |
| (Uzual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) | |
| Wale white Single | (Month) (Day) (Year) |
| 5a. If married, widowad, or divorced | |
| HUSBAND of (or) Wife of | 22. I HEREBY CERTIFY, That I attended deceased from |
| In - 41,22 | Nevrj. , 19 , to , 19 |
| 6. DATE OF BIRTH (month, day, and year) Deley 21 - 1993 | 1 leat saw h. Zersan alive on 19 ; daath Is said |
| 7. AGE Yaars Months Days If LESS that | |
| Still or min. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profassion, or particular kind of work done, as SPINNER. | Xy |
| SAWYER, BDOKKEEPER, atc. | Millbon |
| Mindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. | |
| | |
| 10. Data deceased last worked at this occupation (month and year) year) | |
| Out of the state o | Othar Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) | Disease of Chard |
| (Stata or country) | |
| 13. NAME Stury Luther Keed | |
| 13. NAME Acting Zuther Reed 14. BIRTHPLACE (city or town) (State or country) | Name of operation |
| (State of Sound) | What tast confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME (regimiallice fordare 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIDL ENCE) fill In also tha following: |
| 16. BIRTHPLACE (city or town) | Accidant, suicida, or homicide? Date of injury, 19 |
| (State or country) | Whare did injury occur? |
| 17. INFORMANT HI Reel | (Specify city or town, county and State) Spacify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| (Address) Dig Book D. Mid | |
| 18. BURIAL, CREMATION OR REMOVAL | Manner of Injury |
| Place Could food Com Oate Let 22, 190 | Nature of injury |
| 10 marray Read St. Read 124 | 24. Was disease or injury in any way related to occupation of deceased? |
| 19. UNOERTAKER (Address) | If so, specify |
| 7 12 156 | (Signad) SIM Mich M. D. |
| 20. FILED TELT 1, 1/33 W. Muguay | (Sigirad) |

If more blanks are needed, address Stafe Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| The second secon | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

Very

LION

19. UNDERTAKER (Address)

OF

AUSE mation

If so, specify (Signed)

(Address) ..

24. Wes disease or injury In eny way releted to occupation of deceased?

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| Example I | | | Example II | |
|--|---|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | MAR 6 1938 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial neg | hritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BURNAU V. C. | July 5,1927 | Peritonitis | 3 days ago |
| | | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

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| ° N | B. | |
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| | | SIAIL | JI MANILAN | D CERTIFICATI | E OF DEA | 69051 |
|--------------|------------------------------------|--|--|--|--|---|
| | 1. PLACE O | F DEATH | - /> | 11-0 | | 304 |
| | County | Wasin | ugun | | Registration | Dist. No. |
| 1 | Village or (| city) teen | even, my | No. (If death occurred in a hospital or in | natitution give its NAME | St., |
| / | Length of res | sidence in city or town where | death occurred Zufe | mos. ds. How long in U.S | | |
| | 2. FULL NA | ME Elecco | loth Mer | Courses | | |
| | (a) Resider | 13 | Leen Repl. | weeks. Ward. | | |
| | (a) Kesidei | 106. 110. | (Usual place of abode) | Train. | If nonresident | give city or town and State |
| | PERSON | NAL AND STATIST | TICAL PARTICULARS | MEDICAL | CERTIFICATE | OF DEATH |
| 3 | I. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDO' OR DIVORCED (write the | | H Fiel | 16 |
| | ./, | w | m | | (Month) | (Day) (Ye |
| 5 | a. If married, widow HUSBAND of | wed, or divorced | 1 1 - | 22. ALHERE | BY CERTIE | Y. That I attended decease |
| | (or) WIFE of | John V | Colincer | Treb 11 | 1935 to 7 | 1. 0 11 |
| . 6 | DATE OF BIRTH | month, day, end year) 2 | 10 27 18 | 20 I last saw h 21 alive or | Feb 1. | 5 |
| | | ars Months | Day If LESS | then to have occurred on the date | stated abova, at / C | ₹/m. |
| | 4 | 2 2 | 1 dey, or | | DEATH and related cause | |
| | 8. Trade, profe | ession, or particular | 0- 75 | | AA | Date |
| I NO | SWALE | work done, as SPINNER, R, BOOKKEEPER, atc. | Howelle ! | ogo Trefluer | uzal Pr | ceremone ? |
| Dack | 9 Industry or work we | business in which es dona, es SILK MILL, LL, BANK, atc | Lougalest | | / | |
| | 10. Data decaes | LL, BANK, atc | 11. Totel tima (years) | 7 | | |
| 0 | this occi | upation (month and 2// | 9/33 spent in this 2 | Le. | | |
| Ion | | 26 | mairol 2 | Other Coutributory Causes of | Importance: | |
| 100 | 12. BIRTHPLACE (c (Stete or cou | | - Coult | Joels | Mens Co | |
| Instructions | 13. NAME | John 7 | Witchel | | | |
| | LA DIDTUDI O | E (city or town) 200 | call B. 1 | Neme of operation 2 | were. | Deta of |
| See | (Stata o | r country) | and the same | What test confirmed diagnosi | Clines | Wes there an eutopsy |
| ant. | 15. MAIDEN NA | AME anni | e Heelt | 23. If death was due to externe | | |
| Mportan | 16. BIRTHPLAC | E (city or town) Dullo | ale. Co. n | | | Dete of Injury19 |
| 1 | E (Stete o | r country) | | Whera did injury occur? | | |
| 1 2 | 7. INFORMANT | Foley R | obincers | Specify whether Injury occur | (Specify city or red in INDUSTRY, in HO | town, county and State) ME, or in PUBLIC PLACE. |
| very | (Address) | Haucoc | 16 mil | | | |
| S 1 | 7/ | TION, OR REMOVAL | 1 -/11 | Manner of injury | | |
| | Place | ucoch M | Data ZJ 6 | 1933 Netura of injury | | |
| 2 | 19. UNDERTAKER | 1 | Peter Cu | 24. Was disaase or injury in | eny wey related to occup | atlon of deceased? 24 |
| | (Address) | Haude | vera ny | If so, specify | 9-01 | 2-00 |
| | 20. FILED 2/0 | 6 193317 | & Seula | (Signad) | 100 | |
| | | | // n | istrar. (Address) | D/ ~ | 1100016 |

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| Other contributory causes of importance: | | Other contributory causes of importance: | |
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| | | | |

PHYSICIANS should state

stated ENACTLY. properly classified.

AGE should be

mation should be carefully supplied.

CAUSE OF DI TION is

certificate.

ATH in plain terms, so that it may be

See instructions on back of

fmportant.

of OCCUPA.

Exact statement

| | Village or C | The property of the second of | MPSHATH LIMITS | ospital | Registration Dist. No. St., 4 No. St., 4 death occurred in a horpital or institution, give its NAME instead of street and n | | |
|---|---|---|--|---------------------------|--|------------------------|--|
| | (a) Nosidon | ce. 160. | (Usual place of a | abode) | If nonresident give city or town and | State | |
| | | IAL AND STATIST | 1 | | MEDICAL CERTIFICATE OF PEATH | | |
| | ale | 4. COLOR OR RACE | 5. SINGLE, MARRIE OR DIVORCED (3 | write the word) | 21. DATE OF DEATH JW 8 (Month) (Day) | 193 3 (Year) | |
| H | married, widow IUSBAND of or) WIFE of | _ | | | 22. HEREBY CERTIFY. That I ettended of | eceased from | |
| 6. DAT | TE OF BIRTH (| (month, day, end year) | | | | ; death is said | |
| 7. AGE Years Months Days If LESS than 1 day. hrs. | | | 28-1 | | The section of the se | | |
| 9 | SAWYER, | ssion, or particular vork done, es SPINNER, BOOKKEEPER, etc. bookkeeper, etc. booke, as SiLK MILL, L, BANK, etc. | noue | ing | Congental Debrut | Date of onset | |
| 200 | Q Date decease | ed last worked et petion (month end | 11. Total time spont in occupate | (yeers) n this tion | | | |
| 12 RII | RTHPLACE (cit | ty or town) le and | Town | | Other Contributory Causes of importance: | | |
| | (State or coun | | alonison | _ | Sotar pulumonia | Feb-1,1933 | |
| FATH 14 | I. BIRTHPLACE (State or | | ilsburg | 1 | Name of operation Dele of What tost confirmed diagnosis? Was there en a | utopsy? | |
| 15. MAIDEN NAME Linit. le aul 16. BIRTHPLACE (city or town) Mayswille (State or country) Fight les. Unit 17. INFORMANT Nebb. Nabriusare | | | è le are d'es m binson | | 23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? | | |
| (Address) Coavelown 18. BURIAL, CREMATION, OR REMOVAL Place Smithsburg Conffred Feb 10, 19 33 | | | Tany Feb | 10 19 3 3 | Manner of Injury | | |
| 19. UN | DERTAKER (Address) | Suitsby | 14 rove | | 24. Wes disease or Injury in any way related to occupation of deceesed? | | |

Registrar.

(Signed)

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| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

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TION is very important. See instructions on back of certificate.

| 1. PLACE OF, DEATH County | STATE OF MARYLAND— | CERTIFICATE OF DEATH 02082 |
|--|--|--|
| Village or City | 1. PLACE OF DEATH | (115-0) |
| Length of residence in city of hown where seath occurred. YELL NAME (a) Residence: No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | County Washington | Registration Dist. No. 30 Z |
| Length of residence in city of from where seath occurred. (a) Residence: No. (Charlesteed abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX A. COJOR OB RACE S. SIKLE, MARRIED. (i) DATE OF BIRTH (month, day, and year) S. In married, widowed, or divorced (Wuster) (ii) Wiff of the profession, or particular sind of work done, as 3 STINER, SAWYER, BOOKEPER, etc. 3. Married, widowed, or divorced (wuster bid world) 1. DATE OF BIRTH (month, day, and year) 3. DATE OF BIRTH (month, day, and year) 1. Date of PEATH and related above, etc. 1. Take, profession, or particular sind of work done, as 3 STINER, SAWYER, BOOKEPER, etc. 3. DATE OF BIRTH (month and sown done) 1. Dates of nonext in the control on the date stated above, etc. 1. Dates of posterior or business in which is something to coupstion. 3. Dates of country 1. Dates of nonext in this occupation. (Sinde or country) Was there an eulopsy? 1. BIRTHPLACE (city or town) 2. BIRTHPLACE (ci | | |
| (a) Residence: No. Charlobec of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX | // | |
| PERSONAL AND STATISTICAL PARTICULARS J. SEX A. COJOR OR RACE S. SINCLE MARRIED, WIDOWED OR DIVORED Comite the world OR DIVORED Comite the world OR DIVORED Comite the world A. LEFE BY CERTIFY. That I ettended deceased from the have occurred on the date stated above, etc. J. LESS than id. J. LESS than id. J. SAWYER, BOOKREEPS, etc. J. Indicator business in which work was done, as SILK MILL. SAWYER, BOOKREEPS, etc. J. Indicator business in which work was done, as SILK MILL. SAWYER, BOOKREEPS, etc. J. Indicator business in which work was done, as SILK MILL. SAWYER, BOOKREEPS, etc. J. Indicator business in which work was done, as SILK MILL. SAWYER, BOOKREEPS, etc. J. Indicator business in which work was done, as SILK MILL. SAW MILL BAN, etc. J. J. AND MILL BAN, etc. J. J | 2. FULL NAME Polston Robins | on |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COJOR OR RACE S. SINCLE MARRIED, WIDOWED, OR DEATH 3. SEX 4. COJOR OR RACE S. SINCLE MARRIED, WIDOWED, OR DEATH 3. SEX 4. COJOR OR RACE S. SINCLE MARRIED, WIDOWED, OR DEATH 3. SEX 4. COJOR OR RACE S. SINCLE MARRIED, WIDOWED, OR DEATH 3. SEX 4. COJOR OR RACE S. SINCLE MARRIED, WIDOWED, OR DEATH 3. SEX 4. COJOR OR RACE S. SINCLE MARRIED, WIDOWED, OR DEATH 3. SEX 4. COJOR OR RACE S. SINCLE MARRIED, WIDOWED, OR DEATH 4. SEX MIT HE REBY CERTIFY. That I ettended deceased from Cloy, briff of Color or Sex Married, Widowed, or divorced Williams of Color or Sex Married, | | |
| 3. If married, widowed, or divorced (co) wife of (co) wif | | |
| # HUSBAND 19 11 18 | | 21. DATE OF DEATH 7et 4 193.8 |
| 7. AGE Vears Months Days If LESS than I day, hrs. or min. 3. Trade, profession, or particular were as FPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SILK MILL, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SILK MILL, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SILK MILL, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SILK MILL, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SILK MILL, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 4. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 4. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 4. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 4. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 4. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 5. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 5. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 5. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 6. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 6. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 6. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 6. Indian of work done, as | 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | Jan |
| 7. AGE Vears Months Days If LESS than I day, hrs. or min. 3. Trade, profession, or particular were as FPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SILK MILL, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SILK MILL, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SILK MILL, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SILK MILL, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SILK MILL, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 4. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 4. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 4. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 4. Indian of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 4. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 5. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 5. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 5. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 6. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 6. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 6. Indian of work done, as SPINNER, SAWYER, BOOKKEP, etc. 6. Indian of work done, as | 1.ht 1 1898 | 7 1933 to Table 4 , 1933 |
| Same | | 5.30 |
| 8. Trade, profession, or particular that the profession of particular that | 9 L/ 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance |
| Name of operation. 12. BirthPlace (city or town) | 8 Trade profession or particular | Date of onset |
| Name of operation. 12. BirthPlace (city or town) | SAWYER, BOOKKEEPER, etc. | Dlood Parson Jan |
| 12. BIRTHPLACE (city or town) | Mindustry or business in which work was done, as SILK MILL, | |
| 12. BIRTHPLACE (city or town) | SAW MILL, BARK, etc | |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Signed) 20. FILED 19. UNDERTAKER (Signed) 20. FILED 10. UNDERTAKER (Signed) 20. FILED 10. UNDERTAKER (Signed) 10 | | 33 |
| 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. Oate of injury 19. UNDERTAKER 19. Oate of injury 19. | 12. BIRTHPLACE (city or town) Hagerstaux | Other Contributory Canoes of Importance: |
| What test confirmed diagnosis? Was there an eulopsy? | | Block leele & Jone |
| What test confirmed diagnosis? Was there an eulopsy? | 13. NAME William Robinson | eis + ale |
| What test confirmed diagnosis? Was there an eulopsy? | 14. BIRTHPLACE (city or town) | Name of operation |
| Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL REMOVAL Date TT., 1933 Manner of injury Nature of injury 19. UNDERTAKER (Address) 18. Occupation of deceased? (Address) 19. UNDERTAKER (Address) (Address) (Address) (Address) (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (In the province of Injury in environment | (Stere of Country) | What test confirmed diagnosis? Was there an eulopsy? |
| Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL REMOVAL Date TT., 1933 Manner of injury Nature of injury 19. UNDERTAKER (Address) 18. Occupation of deceased? (Address) 19. UNDERTAKER (Address) (Address) (Address) (Address) (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (In the province of Injury in environment | I 15. MAIDEN NAME May Johnson | 23. If deeth was due to external ceuses (VIOLENCE) fill in also the following: |
| 17. INFORMANT MANY PARTIES Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Date ### | 16. BIRTHPLACE (city or town) | |
| 18. BURIAL, CREMATION, OR REMOVAL Proposition of Removal Date To T., 1933 Manner of injury Nature of injury 19. UNDERTAKER To Survey Manner of injury 24. Wes disease or Injury in eny wey related to occupetion of deceased? If so, specify (Signed) C 19, Wells M. D. | 17. INFORMANT Mary Robinson | (Specify city or town, county and State) |
| (Address) Hagerstown Md. If so, specify 20. FILED 2-5-1933 blood Hoover (Signed) a 19, Wilson M. D. | 18. BURIAL, CREMATION, OR REMOVAL | |
| 20. FILED 2-5-1933 6 Kost 1 30 cost (Signed) a 19, William M. D. | 7 | |
| | | (Signed) A B William M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I The principal cause of death and related causes Date of onset of importance were as follows: | | Example II | | |
|---|-------------|--|---------------|--|
| | | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BUREAU | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state Exact statement of OCCUPA-

| STATE OF MARYLAND—CERTIFICATE OF DEATH 02083 | | | | | |
|---|---|--|--|--|--|
| 1. PLACE OF DEATH | | | | | |
| County Washington | Registration Dist. No.3// | | | | |
| Village or City Delatemonton | No. St. Ward | | | | |
| | death occurred in a hospital or institution, give its NAME instead of street and number) | | | | |
| | ds. How long in U.S. If of foreign birth?mosds. | | | | |
| 2. FULL NAME Collyabelle Nor | oland! | | | | |
| (a) Residence: No. (Usual place of abode) | St, Ward. If nonresident give city or town and State | | | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | | | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH File, 2 , 1933 | | | | |
| 5a. If married, widowed, or divorced HUSBAND of | (Month) (Dey) (Year) | | | | |
| (or) WIFE of goseph Cowland | 1 HEREBY CERTIFY, Thet I ettended deceased from | | | | |
| 6. DATE OF BIRTH (month, day, end year) Jan 29-1846 | Viest saw h escalive on Feb. 2 1933 deeth is seid | | | | |
| 7. AGE Yeers Months Deys If LESS then | to have occurred on the date steted above, et | | | | |
| 87 0 3 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: | | | | |
| 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. | Data et onset | | | | |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc | Cuclus Tuembis /20/23 | | | | |
| 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc | | | | | |
| 10. Date deceased lest worked et this occupation (month and yeer) | | | | | |
| 12. BIRTHPLACE (city or town) | Other Contributary Causes of Importance: | | | | |
| (State or country) Wash (Mo) | Cultura Selement 2 | | | | |
| 13. NAME John Emment | | | | | |
| 14. BIRTHPLACE (city or town) 7 60 | Neme of operation | | | | |
| (State or country) | Whet test confirmed diegnosis? Wes there an eutopsy? | | | | |
| 15. MAIDEN NAME (Inna) Hershelf | 23. If death was due to externel causes (VIOLENCE) fill in elso the following: | | | | |
| 16. BIRTHPLACE (city or town) a f | Accident, suicide, or homicide? Date of injury, 19 | | | | |
| (Stete or country) | Where did injury occur? (Specify city or town, county and State) | | | | |
| 17. INFORMANT TONGLEY ROLLY FORMAND | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury 7) and | | | | |
| Piace Manor (amy Date Jeb 2 , 1933 | Neture of injury | | | | |
| 19. UNDERTAKER (1 O. Deighard (Address Waynesboron) | 24. Was disease or injury in any wey related to occupation of deceased? \(\frac{1}{2} \) \(\frac{1}{2} \) | | | | |
| 20. FILED Liby 3. 133. J. D. Boow. Registrar. | (Signed) M. D. (Address) Weller San San M. D. | | | | |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore Requesting V. S. No. 1 | | | | |

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis TO FILE SEELING 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago RITED IN A VI US Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

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BINDING

FOR

V. S. No. 1

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| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | 122-0 02084 |
| county Mashington | Registration Dist. No. 30 2 |
| Village or City Y CTTE Y STOWN. | No. 109 Hegh St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. if of foreign birth? yrsmos ds. |
| 2. FULL NAME Emma Saunder | 5 |
| (a) Residence: No. 109 (Usualplace of abode) | St., 5 Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) COLOY COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH Feb 4 1. 193 3 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY. That t attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Dec 14-1863 | 1 last saw her alive on Jeby |
| 7. AGE Years Months Oays II LESS than 1 day,hrs. | to have occurred on the date stated above, at |
| 8 Trade profession or particular | Chair Mycardilis Oate of onset |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation | Other Contributor Course of Importance |
| 12. BIRTHPLACE (city or town) CLOCK Spring. | Other Contributory Causes of importance Landias Laceum formetre Laceum formetr |
| 13. NAME OSES Lake | Mubilies & Sternia |
| 13. NAME \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Name of operation Date of Was there an autopsy? |
| 15. MAIDEN NAME SUSAN CAXEU | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIOEN NAME DUS AN CUY EY 16. BIRTHPLACE (city or town) Clear & Spring (State or country) | Accident, suicide, or homicide? Oate of Injury |
| 17. INFORMANT Duy - Sumalys. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place La Vapi hall Quie Lby 2,1933 | Nature of injury |
| 19. UNDERTAKER F. K. COXY Wav (Address) Laget Stown Md | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILEO 2 - 9-, 1933 6900 983 Registrar. | (Signed) Some M. O. M. O. (Address) Stagenshow. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

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| Example 1 | 1 - 11 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPA | CE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|--------|---------|------------|----|-----------|
|----------------|--------|---------|------------|----|-----------|

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

V. S. No. 1

| | STATE OF MARYLAND— | CERTIFICATE OF DEATH 020 | 85 |
|--------------|--|--|-----------------|
| | | 78-C) | 2_ |
| | County Washington | Registration Dist. No. | |
| | Village or City of meleatoring | No. St., death occurred in a hospital or institution, give its NAME instead of street and n | Ward |
| 1 | . /~ | ds. How long in U.S. If of foreign birth?yrsmo | |
| | 2. FULL NAME anna, Yelvessa. S. | eximon | |
| | (a) Residence: No. 2 unkatom. Md | Ward. | |
| | (Usual place of abode) | If nonresident give city or town and | State |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Subsuary 26 (Month) (Day) | 193 3 (Yaar) |
| | 5a. If married, widowed, or divorcad HUSBAND of | | |
| | (or) WIFE of J. W. D. Signam | 22. HEREBY CERTIEN, That I attanded of | 6, 19.33 |
| te. | 6. DATE OF BIRTH (month, day, and year) 9-1860 | last saw has alive on July any 25, 433 | ; daath is said |
| fica | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at | |
| certificate | (08 0 17 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | Data of onsat |
| | 8. Trade, profession, or particular kind of work done, as SPINNER. | | |
| jo s | 8. Irade, profession, of particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc | In Part of the state of the sta | -++ |
| back | work was done, as SILK MILL, How home | Ohrome Physlarians | 133 |
| uo s | 10 Date decaased last worked at this occupation (moght and year) spent in this occupation occupation | | |
| instructions | 12. BIRTHPLACE (city or town) Middleburg | Dther Coutributory Causes of importanca: | |
| ruc | (State or country) Frankling Co. Pa | Same | |
| inst | 13. NAME Samuel Burger | | |
| See | 14. BIRTHPLACE (city or town) | Nama of operation Data of | |
| מט | (State of Country) | What test confirmed diagnosis? Was there an au | ulopsy?. ZL |
| int. | 15. MAIDEN NAME Jenning Dallhelm | 23. If death was dua to external causas (VIOLENCE) fill in also the following: | |
| portant. | 16. BIRTHPLACE (city or town) Johnstones (State or country) | Accident, suicide, or homicide? Date of Injury | , 19 |
| dp | (State or country) | Where did injury occur? (Specify city or town, county and State | |
| | 17. INFORMANT Arthura Dangere Advantament | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | CE. |
| 3 ·V | 18. BURIAL, CREMATION, OR REMOVAL | Mannar of injury | |
| Si Z | Place Beaun rock Date Jel. 28, 19.33 | Nature of injury | |
| TION | 19. UNDERTAKER WW. J. Bash & Say | 24. Was disease or Injury In any way related to occupation of deceased? | No |
| | 2-26- 33 140165 1016 | If so, specify | |
|) | 20. FILED 1990 Registrar. | (Signed) Pagerstown N | M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

| ADDITIONAL SPACE FOR FU | URTHER STATEMENTS | BY | PHYSICIAN |
|-------------------------|-------------------|----|-----------|
|-------------------------|-------------------|----|-----------|

MARGIN RESERVED FOR BINDING

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | |
| county Washing DM | Registration Dist. No. 30 > |
| Village or City X QQYS YOWY | No. Wash Co Hospital st, 3 ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) |
| 2. FULL NAME Dellie Ilay Shal | Yer . |
| (a) Residence: No. 932 7 Gpt Fre | St., 3 Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Temale While TIAXVIET (The word) | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of Adam. | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 9th 30-1894 | I last saw h S alive on 251 = 5 . 19 8 3 : deeth is salt |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 1132m. |
| 3 8 4 23 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: |
| 8 Trade profession or particular | In complete abortion Date of onset |
| SAWYER, BOOKKEEPER, etc. + 6 U Sew i }e | With seldic Conclition |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 1018 | |
| Do Date deceased last worked at this occupation (month end year) 11. Total time (years) spent In this occupation 15475. | |
| 12. BIRTHPLACE (city or town) TTC. Connellsuile | Other Contributory Causes of importance: |
| (State or country) | |
| 13. NAME VI. L. Cowan 14. BIRTHPLACE (city or town) T. E. Connell suille | |
| 14. BIRTHPLACE (city or town) Connells U. 112 | Name of operation Date of |
| (Stete or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME May Elvey 16. BIRTHPLACE (city or town) HTT Connells U. We | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) 1711 - Symples of the Country) | Accident, suicide, or homicide? Date of injury, 19 |
| Mda Shallor | Where did injury occur? (Specify city or town, county and State) |
| (Address) | Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL GREMATION, OR REMOVAL | Manner of injury |
| Place Dy DO (1) Wa. Wy 111 U Date 1294 2 1,1933 | Nature of Injury. |
| 19. UNDERTAKER IT. II. Corkman | 24. Wes disease or Injury in any way related to occupation of deceased? |
| (Address) tageystown, mo | If so, specify |
| 20. FILED. 2-27-1933 6 Wast 1 30000 | (Signed) // 41 Jordon M. D. |
| Registrar. | (Address) Jugenslown my |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

| Example 1 | | Example 11 | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| · · | | WV 9 1832 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL | SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-----------|---------|------------|----|-----------|
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| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 0208 | 37 |
|--|--|----------|
| 1. PLACE OF DEATH | 940 | |
| County VI ashing 101 | Registration Dist. No. 304 | |
| Village or City News Swill Mshuy | NoSt., | Ward |
| Length of residence in city or town where death occurred 27 yrsmos. | des. How long in U.S. if of foreign birth?yrsmos | ds. |
| 2. FULL NAME Derry O. Shank | | |
| (a) Residence: WELV Sml, the bury (Usual place of abode) | St., Ward. If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wirds the word) | 21. DATE OF DEATH Company (Day) 193 3 (Yas |) ar) |
| 5a. If married, widowed, or divorced HUSBAND of Cory WIFE | 22 I HEREBY CERTIFY, That I attended deceased | d from |
| (d) MIREOI Day Dava C. | Febry 5 , 1933 , to Febry 6 , 195 | 3.3 |
| 6. DATE OF BIRTH (month, day, and year) Sept 15 - 1864 | I last saw h alive on tel 6 , 1933 ; death | is sald |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| 8. Trada, profession, or particular | were as follows: Data of | |
| SAWYER, BOOKKEEPER, etc. | unise selesoses 19: | Z. / |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased last worked at this coefficien (morth and | | |
| 10. Date dacaased last worked at this occupation (month and - 1933 spent in this occupation to year) | | |
| 12. BIRTHPLACE (city or town) & M. Thisburg Tr d (State or country) | Other Contributory Causes of Importance: augusa Relevis 19: | 32 |
| 13. NAME Isaac Shank. | | |
| 13. NAME LS a a Shank. 14. BIRTHPLACE (city or town) Sm: ths burg (Stata or country) | Name of operation | |
| E 15. MAIDEN NAME 12 Weth Inger | What tast confirmed diagnosis? Was there an autopsy?_ | |
| 16. BIRTHPLACE (city or town) Smiths buyy (State or country) | 23. If death was due to external causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide? | |
| 17. INFORMANT TY DCTY 4 O. Shank (Address) Swith Shark TTTA. | Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAR CREMATION, OR REMOVAL Place M. M. S. MANGEL PLANE S. 1933 | Manner of injury | |
| 19. UNDERTAKER - K. COXXXIII A. M. C. M. C | 24. Was disease or Injury In any way related to occupation of deceased? | |
| 20. FILED Feb 7 , 1933 Benefit Tengense Registrar. | (Signed) Makefacero (Address) Smithsburg and | _M. D. |

If more blanks are needed Ladress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Example I | | | Example II | 1 |
|--|---------------|----------------------------|------------------------------|------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principa of importance | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epile | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by str | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | PORT & SOUN | 3 days ago |
| | 1 | | | |
| | | | THE CHARLES | |
| Other contributory causes of importance: | <i>*</i> | Other contrib | outory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | | 1 year |
| | | | | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |

N. B.—WRITE PLAINLY,

10

MARGIN RESERVED FOR BINDING

02088

| 1. PLACE OF DEATH | | (46) V | |
|--|--|--|------------------|
| county Washing You | Λ | Registration Dist. No. | 07- |
| Village or City Tarvi Q | w | NoS | t Ward |
| Length of residence in city or town where death occu | rred 40 yrs mos. | ath occurred in a hospital or institution, give its NAME instead of streedds. How long In U.S. If of foreign birth?yrs. | |
| | CI. | | |
| | | St. Ward. | |
| (a) Residence. No. 1-0-1-10 1-2 | ual place of abode) | If nonresident give city or tow | n and State |
| PERSONAL AND STATISTICAL F | PARTICULARS | MEDICAL CERTIFICATE OF DEAT | гн |
| Male white or b | LE, MARRIED, WIDOWED, IVORCED (write the word) | 1. DATE OF DEATH (Month) 3 (Oay) | , 1933 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The Control of the C | 22 | Fet 1- 1977 10 Fet 18 | (1977 |
| 7. AGE Years Months 0 | Days If LESS than to 1 day, | to have occurred on the date stated above, and the mean of the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Than Y | Carinoma (struct) | J952 |
| 12. BIRTHPLACE (city or town) Bearly (State or country) | spent in this occupation 50475 | Other Coatributery Causes of Importance: | |
| 13. NAME Velex Share 14. BIRTHPLACE (city or town and experience) (State or country) | | Name of operation Dat | |
| 15. MAIDEN NAME - 1. Sabeth 16. BIRTHPLACE (city or town) O Cause Y (State or country) 17. INFORMANT | Swope 22 | 3. If death was due to external causes (VIOL ENCE) fill in also the fol Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county as Specify whether injury occurred in INOUSTRY, In HOME, or in PUBL | llowing: , 19 |
| Place Qixview IT A Date | 18501 (11/10) | Manner of injury | |
| 19. UNDERTAKER H. Colored Colo | Brewbaker Break Registrar. | 4. Was disease or injury in any way related to occupation of decease If so, specify (Signed) (Address) (Address) (Charles Street, Baltimore, Requesting U. S. No. 1. | d? No. M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal eause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | | |
| | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| | Management of the second of th |
|--|--|

| 1 | | OF MAR | YLAND- | CERTIFICATE OF DEATH | 0203 |
|--|---|----------------|-----------------------------------|--|------------------|
| 1. PLACE OF | shina to | | | - C-W | 0 1 (|
| County | munga | Tr. | 71.1 | Registration Dist. No. | 20 |
| Village or City | Mai 6 | Mung | rua (| death occurred in a hospital or Institution, give its NAME instead of street a | V |
| Length oI residen | a in city or town where | death occurred | | | _mos |
| 2. FULL NAME | Allen | there | becker | | |
| (a) Residence! | No lear | Thur | ng Med | St., Ward. | |
| | | (Usual place | | If nonresident give city or town | |
| | AND STATIST | | | MEDICAL CERTIFICATE OF DEATH | 1 |
| Lando | COLOR OR RACE | OR DIVORCE | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH Tubes 19-4 | 3 |
| 5a. If marriad, widowed, | - D-0 ac | 1 su | ge | (Day) | (Yaa |
| HUSBAND of (or) WIFE of | | | | 22. I HERE 1FY, That I attend | led decassad |
| | 1 | | 01 2 2 | - the | , 19 |
| 6. DATE OF BIRTH (mor | - (/- | sury 16 | 1933 | I last saw h_2 aliva on | 3; death Is |
| 7. AGE Years | Months | Days | II LESS than 1 day,hrs. | to have occurred on the date state at a transfer of the new course of the state of | |
| | / | | ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as Tollows: | Date of |
| 8. Trade, profession kind of work SAWYER, 80 | , or particular dona, as SPINNER, OKKEEPER, etc | Zuon | e | Thur ice | |
| 9. tndustry or busi | ess in which | 22000 | R | | |
| | e, as SILK MILL, ANK, etc | | | | |
| | st workad at n (month and | spei | ime (years) nt in this | | |
| yaar) | | OCCL | pation | Other Contributory Causes of Importance: | |
| 12. BIRTHPLACE (city or (State or country) | town) | t-d | | | |
| II 13. NAMEDan | & Stores | Reck | | | |
| E | - April | 2 0 | | | |
| 4 14. BIRTHPLACE (cit | | ud | | Name of operation | |
| 15. MAIDEN NAME | Mary Co | haney | | THE RESIDENCE OF THE PARTY OF T | nn eutopsy? |
| 16. BIRTHPLACE (city | or town) | 21.1 | | 23. Il death was due to external causes (VIOLENCE) fill Il Accident, suicida, or homicida? Date of incomp | ving: |
| ≤ (Slate or cou | | ua | | Whara did injury occur? | - |
| 17. INFORMANT | Strenet | Lack | | (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC | State) PLACE. |
| (Addrass) | Clear | Office | g Mid | | |
| 18. BURIAL, CREMATION | Pacely | Lels | 20 9 | Manner of injury | |
| Place | 1 1 | Date | 1922 | Neture of Injury | |
| 19. UNDERTAKER | uskung | VICON | nad | 24. Was disaase or Injury in any way ralated to occupat | - zri |
| (Addrass) | earsking | may | rong | II so, specify | |
| 20. FILED. 3-1-25 | 1803 | Sept 11 | Yhera | (Signed) | 76 |
| | 4 | // | Registrar. | (Address) (Addre | 7A- |

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | ы | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
|) | | | 1 |

STATE OF MARYLAND-CERTIFICATE OF DEATH

| | state UPA. | STATE OF MARTLAND | CERTIFICATE OF DEATH |
|----------|---|--|--|
| | | 1. PLACE OF DEATH | 124) |
| | should of | County Chashington | Registration Dist. Np. 307 |
| T. | 8 8 | Village or City y arround burg | Np. St Ward |
| | - 0 | Length of residence in city or town where death occurred Discharge inco. | death occurred in a hospital or institution, give its NAME instead of street and number) |
| , | CUKD. Every PHYSICIANS act statement | 2. FULL NAME Mand Q. Shewl | |
| _ { | PHYSICS STATE | (a) Residence: ND. Yanowalung Md. (Usual place of stode) | |
| | PH | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | EX3 | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. | 21. DATE OF DEATH |
| | , X | Female Testite Manning | 2 /4 1933 |
| S. E | Tied | 5a. If married, with well, or diversed | (Month) (Day) (Year) |
| | A C T ssifted | WIFE of | 22. HI HEREBY CERTIFY, That I attended deceased from |
| BINDI | X X cla | James, G. Metterinage | tele 12 1933, to F to 13 50 1933 |
| B | E E | 6. DATE OF BIRTH (month, day, end yeer) | I test saw half ative on Feld 14 14 1933 ; death is said |
| 出. | stated E properly certificate | 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at 930 C. m. |
| FO | stated proper ertific | 44 4 28 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: |
| 0 5 | be lo | 8. Trade, profession, or particular kind of work done, as SPINNER, | Gall stones with Huzh |
| 回 | 4 | SAWYER, BOOKKEEPER, etc. | suplure of gall bladder frasing |
| RV | should it may n back | work was done as SHK MHI | - Chain |
| RESERVED | sho t it 1 | U1-10. Date deceased last worked at | more o |
| E | | this occupation (month and spent in this 25 40 | less f |
| | AC | | Other Contributory Causes of importance: Shock and 15 years |
| Z Z | I. se uct | 12. BtRTHPLACE (city or town) - Jayrow burg (State or country) for the state of th | Collegie, |
| RGIN | supplied. AGI n terms, so tha | to the state of th | |
| A | D = + | E | 10000 |
| | 00 = 5 | (State or country) | Name of operation |
| | | - Committee of the comm | What test confirmed diagnosis? Was there an autopsy? NO |
| = | | E Sarah C. Colar | 23. tf death was due to externat causes (VIOLENCE) fill In etso the following: |
| Þ | ld be car DEATH v import | State or country) | Accident, suicide, or homicide? Date of Injury, 19 |
| | be A. T. | (State of country) and, lo, o vid. | Whera did Injury occur? (Specify city or town, county and State) |
| | | N THEORMANT James a. Shewlindas. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| - | should OF D | 18 BURIAL, CREMATION, OR REMOVAL | |
| 1 | is E | 1 2 30 12 | Menner of Injury None effect or much |
| 1 WDT | AUSH ION | Plece / Stoursaults / Ad. Dete Jales 17 , 1933 | Nature of injury (Library |
| - | mation CAUSE TION is | 19. UNDERTAKER WW. D. Bost Y. Son | 24. Was diseese or injury in eny wey related to occupation of deceased? NO |
| No. | 120 | (Address) Branches Md. | If so, spacify |
| N. N. | | 20. FILED Feb. 16th, 1933 Cornelius N. Castle | (Signed) f. G. Verrell M. D. |
| | 1 | Deputy Registrar. | (Address) Reedyrville Ind. |
| | | If more blanks are needed, address State Registrar, a | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | . 1 year |
| | | | a a |

| | ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
|---|--|
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| | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH (12091 |
|--|---|
| 1. PLACE OF DEATH | (33) |
| County Clarkeng low | Registration Dist. No. 302 |
| Village or City 20 age to the City (If | No. No. St. 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurredyrs,ps. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Eva fraw & | with, |
| (a) Residence: No. 20 7 6. Franklin | St., 4 Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| OR DIVORCED (write the word) | 2. DATE OF DEATH 2 / 103 3 4 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) | I last saw h.C. R. alive on UAN. 31 19.33 death is seid |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 2/30 m. |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Tyelo- Nephritia (7) |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked et this occupetion (month and spent in this | |
| year) occupation occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) To a gero Gure | |
| (State or country) | |
| 13. NAME . Structurity | |
| 14. BIRTHPLACE (city or town) | Name of operation |
| (State or country) | What test confirmed diagnosis? Wes there an autopsy? |
| 15. MAIDEN NAME PERSONAL MANUEL | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town). Character (State or country) | Accident, suicide, or homicide? |
| (State of County) | Where did Injury occur? (Specify city or town, county and State) |
| 7. INFORMANT (Address) 2076, Fraully | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Piace Aagent Lourn Date 12, 19.33 | Nature of injury. |
| 19. UNDERTAKER Conducting tooms | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Hagerolown, Mid. | If so, specify |
| 20. FILED 2-2-, 1933 Chastitioners | (Sighed) M. D. |
| Registrar. | (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ogo |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ogo |
| 200 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gollstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
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| | S | TATE C | F MARYLAND- | CERTIFICATE OF DEATH (12) | 092 |
|-----------------------------|---|-------------------|------------------------------|--|--------------|
| 1. PLACE | OF DEAT | H // | 1 | 950 | -1/ |
| County | Ma | shug | ug low, | Registration Dist. No. | 74 |
| Village o | i City | 216 | www.coco | No | Wa |
| Langth of | residence in city | y or town where d | | ff death occurred in a horpital or institution, give its NAME instead of street and ds. How long it 0. S. if of foroign birth? m | |
| 2. FULL N | IAME 1 | 029 | cham & | myder. | |
| (a) Resi | dence: No | 0 | 1730 42 | St., Ward. | |
| PERC | ONIAL AND | CTATICT | (Usual place of abode) | If nonresident give city or town and | State |
| 3. SEX | | ORAGCE | S. SINGLE, MARRIED, WIDOWED | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH | |
| Mal | no | fit- | ON DIVORCED (write the work) | put 9 | 193.3. |
| 5a. If married, wi | dowed or divor | cad | Married | (Month) (Day) | (Year) |
| (or) WIFE o | | lie | a Snyke | 22. I HEREBY CERTIFY, That I attended | decaased fr |
| 6. DATE OF BIRT | TH (month, day, | and vaar | 1 12/188 | I last saw h alive on | : daath is s |
| 7. AGE | Yaars | Month | Deys If LESS than | to have occurred on the date stated above, at A | |
| | 05-1 | 3 | 27 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causas of importanca were as follows: | , |
| 8. Trade, pi | ofession, or par | ticular | 2 | note as futions. | Date of one |
| | of work done, a YER, BOOKKEEP | | anner. | | |
| 1. Industry work | or businass In was dona, as SI MILL, BANK, et | which LK MILL, | - Lan | | |
| | MILL, BANK, et eased lest work | | 11. Total time (yaars) | 1 (0 0 1 0 11 0 | |
| this o | ccupation (mont | hallycx | 9 spent in this diffe | Could oddlive of Heart | Jus |
| | - | 1 10 | 00/ | Other Contributory Causes of importance: | |
| 12. BIRTIIPLACE (State or o | | nulls | n dod | | |
| | Hom | | Sunder | | |
| | | nas | 1900. | 747.0 | |
| (State | ACE (city or tow e or country) | (n) | 16 1 1 | Name of operation Date of Whet tast confirmed diagnosis? Cluster Was there on a | . 20 |
| 15. MAIDEN | NAME | 10111 | (1/3) shoto | Whet tast confirmed diagnosis? Was there an a 23-11 death was due to external causes (VIOL ENCE) fill in also the following | |
| 15. MAIDEN | 11/10 | 1/1 | - Common | Accident, suicida, or homicide? Date of injury | |
| E (State | ACE (city or tow e or country) | n) | 74 | Where did injury occur? | , 19 |
| | 1100 | Oin / | 1 85 | (Specify city or town, county and Stat Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PL. | e) |
| 17. INFORMANT (Address) | 2 | 11101 | - Singal | Spacing whather injury occurred in Industrict, in Home, of the Public Feb | ACE. |
| 18. BURIAL, CREA | TATION, OR RE | 1 11 () | 1- | Manner of injury | |
| Place | unic | and En | -Data 2/ 1/1933 | Neture of injury | |
| 10 IINDEDTAKES | 1/1 | 0 10 | ul Curis a | 24. Was disease or injury in any way related to occupation of deceased? | |
| 19. UNDERTAKER (Addrass) | | dece | ocio mil | If so, specify | |
| 00 5455 5 | 711 | 33.9 | aline. | (Signad) St. Table | M |
| 20. FILED | - LJ+-, 19 | w. V. She | Registrar. | (Addrass) At 11 10 000 V | 7/10 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example I | | Example II | N. KILL |
|--|--|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | RECEI | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ne | phritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | The Hart of the Ha | July 5,1927 | Peritonitis | 3 days ago |
| | BULLET V. S. | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

of OCCUPAitem of infor-

Exact statement

properly classified.

certificate.

CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back

TION is very important.

02093

| 1. PLACE OF DEATH | | 129 | |
|---|--|---|-------------------|
| County Mashinglo | ц | Registration Dist. No. 3 | 03 |
| Village or City Clean S. | Lung | NoSt | Ward |
| Langth of residence in city or town where do | | f death occurred in a hospital or institution, give its NAME instead of street an sds. How long In U.S. if of loraign birth?yrs. | |
| 2. FULL NAME Carrie | C Sowers | | |
| (a) Residence: No. Olean | Sharing Mid (Usual piace of abode) | /St.,Ward. | and State |
| PERSONAL AND STATISTIC | CAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE Female. White | 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) | , 193 3 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Full 6. DATE OF BIRTH (month, day, and year) Sel 7. AGE Years Months | Sowers, ft 4 1870 Days If LESS than | 22. I HEREBY CERTIFY Thay I attended | |
| 62 5 | O l day,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wars as follows: | I Day of the said |
| 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | me Work | Tubercular | Date of onset |
| 9. Industry or businass in which work was done, as SILK MILL, | | · 10/ | 19 3 |
| SAW MILL, BANK, etc | 11. Total time (years) | leurisey | 1108 |
| O this occupation (month end year) | spent in this | | |
| 12. BIRTHPLACE (city or town) Washing (State or country) | ngton Co. | Other Contributery Causes of Importance: | |
| 13. NAME John. Com | ad | | |
| 13. NAME Solm: Cowr 14. BIRTHPLACE (city or town) Mass (State or country) | hington to. | Name of operation | |
| 15. MAIOEN NAME Carolin | e otte | 23. If death was due to external causes (VIOLENCE) fill in also the follow | |
| 15. MAIOEN NAME Concline 16. BIRTHPLACE (city or town) Not | Known | Accident, suicide, or homicide? Dete of injury | |
| (State or country) 17. INFORMANT. Francis So (Addrass) Please Show | Weso, | Whara did injury occur?(Specify city or town, county and S Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC | State) PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Plece 1081 Will Camely | | Manner of injury | |
| 19. UNOERTAKER (Addrass) a gens | The way | 24. Was disease or injury in any way related to occupation of deceased? | |
| 20. FILEO Part (1933) | W. Mulecey | (Signed) Puglian P. Verr | M.D. |
| V | 1.1 11 11 6 | NOTE OF THE PARTY | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

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Example II

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ano Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

(ARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

02197

| 1. PLACE OF DEATH | | (95-6) |
|--|--|--|
| County Washin | gton | Registration Dist. No. 3 0 2 |
| Village or City Hage FS tow | M | No. 210 High Street St. S Ward |
| | | (If death occurred in a horpital or institution, give its NAME instead of street and number) mos |
| | | |
| | in Eugene Sp | |
| (a) Residence: No. 210 High | (Usual place of abode) | St., S Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTIC | CAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w | D. 21. DATE OF DEATH February 27, 193 (Month) (Day) (Yaar) |
| 5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of | | 22. I HEREBY CERTIFY, That I attended deceased from |
| | 7 | , 19, to, 19, 19 |
| | uby 12, 1932 | l last saw h aliva on, 19; death is said |
| 7. AGE Years Months | Days If LESS | |
| | 15 1 day,m | I THE FRINCIPAL CAUSE OF DEATH SHE FRIENDS OF HIMBURGING |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, | nfant Child | Hemanheam 7 The |
| Industry or business In which | III alle VIII I U | Alube |
| work was dona, as SILK MILL, SAW MILL, BANK, etc. | | by Say by had hele & the let |
| 10. Date deceased last worked at this occupation (month and | 11. Total tima (years) | to the to hear the cold |
| year) | occupation | Other Contributory Causes of importance. |
| 12. BIRTHPLACE (city or town) Hagers | town | |
| (State or country) MC | | |
| 14. BIRTHPLACE (city or town) Front | paid | |
| 4 14. BIRTHPLACE (city or town) Front | Royal | Name of operation |
| (State of country) VS | | What test confirmed diagnosis? Was there an autopsy? |
| # 15. MAIDEN NAME Gettie Ha | | 23. If death was due to axternal causes (VIDL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Clint (State or country) | con County | Accident, suicida, or homicida? Date of Injury, 19 Whara did Injury occur? |
| 17. INFORMANT Henry H. Spa (Address) Hagerstown. | id | (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Little. | Manner of injury |
| Placa Shiloh, Ya. | DateMar. 2 1 | 33 Nature of injury |
| 19. UNDERTAKER Fred W. Kra | ica | 24. Was disease or injury In any way related to occupetion of deceased? |
| (Addrass) Hagerstown | | If so, spacify A |
| 7 1 22 /2 | West & Some | and (Signad) lukers prypery Cardner M. D. |
| 20. FILED | Regis | ar. (Address) / quelisting, M. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | - | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis (1) | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

MARGIN RESERVED FOR BINDING

V. S. No. 1

| | County | Wash | ma lar | | Registration Dist. No. | 302 |
|---------|--|--------------------------------|--------------------------------|-----------------------------------|--|---------------------------------|
| | Village or City | Hage | catoron | Υ | No. 62 Madeson An | |
| | | 0 | | | death occurred in a hospital or institution, give its NAME instead o | f street and number) |
| | Length of rasidence in | city or town whera | death occurred | yrsmos | How long in U.S. If of foreign birth?yrs. | d |
| 2 | FULL NAME | - de | aforul | JA | melle | |
| | (a) Residence: No. | | (Usual place | of abode) | St., Ward. If nonresident give city of | r Iown and State |
| - | PERSONAL A | ND STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF D | |
| - | / | Vhite | 5. SINGLE, MARI OR DIVORCEI | RIED, WIOOWED, D (write the word) | 21. DATE OF DEATH File, 2 (Month) (Day | 195. 0 |
| Ja. | HUSBAND of (or) WIFE of | ivorcad | | | 22. I HEREBY CERTIFY, That | |
| 6 1 | DATE OF BIRTH (month, | day and year) | 126.19 | 211 | l last saw h alive on | |
| 7. / | | Months | Days | If LESS than | to have occurred on the date stated above, at _//m. | of total and the same |
| | | | | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of impowere as follows: | 1 |
| TION | 8. Trade, profassion, or kind of work do SAWYER, BOOKE | | non | · l | Premature buil | Oate of one |
| OCCUPAT | 9. industry or business work was done, a SAW MILL, BAN 10. Dato dacaasad iast | sSILK MILL, K, atcvorked at | | me (years) | 3 mas, developmen | t |
| | this occupation (year) BIRTHPLACE (city or tow (State or country) | // | guston Nayla | nt in this pation | Othar Contributory Causes of Importance: | |
| ER | 13. NAME 1 | elin | Stanet | lli | | |
| FATH | 14. BIRTHPLACE (city of | , | Caly | | Name of operation | |
| HER | 15. MAIDEN NAME | Rose | Bugi | ine | 23. If death was dua to external causes (VIOLENCE) fill in also t | he following: |
| MOT | 16. BIRTHPLACE (city of (State or country | | taly | | Accident, suicide, or homicida? Oate of inj | ury, 19 |
| 17. | | les John | Spin | elli | Where did injury occur?(Specify city or town, cou Specify whather injury occurred in INOUSTRY, in HOME, or in | nty and Stale) PUBLIC PLACE. |
| 18. | BURIAL, CREMATION, OF | REMOVAL | | | Manner of injury | |
| | Piace | | Date | , 19 | Nature of Injury | |
| 19. | UNDERTAKER Diag | essel of | by for | there | 24. Was disease or injury In any way related to occupation of de | ceased? |
| 20. | FILED 2-28. | ,19336 | Eseffico | was | (Signed) Mary A. Lan | ghlm M |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deecased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage BUREAU | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

ż

23. If daath was dua to extarnal causes (VIOLENCE) fill in also tha following: (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of decaased? Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of easet

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | GENNESS | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gostroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPAC | E FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|-----------------|-------|---------|------------|----|-----------|
|-----------------|-------|---------|------------|----|-----------|

| 1. PLACE OF DEATH | D—CERTIFICATE OF DEATH |
|---|---|
| County Chashington | Registration Dist. No. 303 |
| Village or City Bookston | No. St Word |
| Length of residence in city or town where death occurred _ 5 1/ yrs | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| 2. FULL NAME David Hearn | Stoulle |
| (a) Residence: No. Boorsalono | and St. Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW | MEDICAL CERTIFICATE OF DEATH ED. 21. DATE OF DEATH |
| Male Culiete OR DIVORCED (write the wo | |
| HUSBAND OF Maria Elizabeth Stoy | Le 22. Fule 10" 1933, to Ful. 20" 1933 |
| | 1 last sew h sam alive on treb 20" 1935; death is said |
| 7. AGE Years Months Deys If LESS t | |
| 8. Trade, profession, or particular | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Loles (neumonia) 1,6101 |
| SAWYER, BOOKKEEPER, etc | (34) |
| | |
| this occupation (month and year) spent in this occupation | le l |
| 12. BIRTHPLACE (city or town) Clears product | Other Contributary Causes of Importance: |
| (State or country) () asla (Co. TMA | • |
| 13. NAME Tourse Tourse 14. BIRTHPLACE (city or town) TUT. | Venture |
| (State or country) | Neme of operation Dete of |
| 15. MAIDEN NAME Flourist King | What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOL ENCE) fill in elso the following: |
| 15. MAIDEN NAME Tarriet Kline 16. BIRTHPLACE (city or town) Anderick | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur? |
| 17. INFORMANT Also, ada Santa | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Boonshar Md | |
| Place Boarstono Md Date Delo 23, 19 | Menner of Injury |
| 19. UNDERTAKER DW A DOOT + Sou | 24. Was disease or injury in any way related to occupation of deceased? Ro |
| (Address) Books makes | If so, specify |
| 20. FILED Teb, 23, 19 33 (Villiam, 7) Bas | X (Signed) Adulust But |
| Registra | 17. (Address) / Lacus Coro. Na. |

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| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
|------------------|--|--|
| 1015 | | |
| 1010 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Perilonilis | 3 days ago |
| | | |
| | Other contributory causes of importance: | Je HEI |
| May 1,1923 | Gastroenteritis | 1 year |
| 14 tt y 1 ,10 20 | Traditi Octobrated | 1 yan |
| | July 5,1927 | Other contributory causes of importance: |

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

| 1. PLACE OF DEATH County | STATE OF MARYLA | ND- | CERTIFICATE OF DEATH | 19'7 |
|--|--|------------------------|---|-------------|
| Village of City with Williams port Langth of residence in city or town where desth occurred | 1. PLACE OF DEATH | | (a) | 100 |
| Village of City with the Country of the Annual Country of the Coun | County Washington | | Registration Dist. No. 301 | |
| Length of residence in city of town where death occurred | | | " K + 1 1 + 1 | Ward |
| 2. FULL NAME (a) Residence: No. Williamsport. add R # 2 St. Ward. PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE White S. SINCLE MARKED, WIDOWD, OR DIVOKED Further the word) So. III marriad, widowed, or divorced fluther than 1 state of the word of t | | | death occurred in a hospital or institution, give its NAME instead of street and numb | ber) |
| (a) Residence: No. Williambport, and a R # 2 St. Ward. Williambport, and a R # 2 St. Ward. | | 2 mgs | ds. How long in U.S. if of foreign birth?yrsmos | ds. |
| PERSONAL AND STATISTICAL PARTICULARS 2. SEX 4. COLOR OR RACE White S. SINGLE MARRED, WIDOWED OR DIVORCED (coninc the word) Sea. If marriad, widowed, or divorced (cr) Wife of Stillborn 5. If marriad, widowed, or divorced (cr) Wife of Stillborn 5. DATE OF DEATH White C. DATE OF DEATH The PERSONAL AND STATISTICAL PARTICULARS 22. I HEREBY CERTIFY, That I sitended deceased from (Month) (by) ("ear) The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: I stataw h wilde on stated debove, at | 2. FULL NAME Stillborn | SVY | ally | |
| PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE White So. II married, widowed, or diversed White of Stillborn 5. II married, widowed, or diversed (or) Wife of Stillborn 5. DATE OF BIRTH (month, day, and year) J. AGE Vears Months Days J'LESS than Jegs,hrs. ormin. John,hrs. ormin. John dustry or business in which work was done; as SPINNER, SAWMEN, BOOKKEEFER, atc. John dustry or business in which work was done; as SPINNER, SAWMEN, BOKKEEFER, atc. John dustry or business in which work was done; as SPINNER, SAWMEN, BOKKEEFER, atc. John dustry or business in which work was done; as SPINNER, SAWMEN, BOKKEEFER, atc. JOHN DEATH and raisted causes of importance: Date of onest STILLBORD Date of onest STILLBORD Date of onest STILLBORD Dither Cestributery Causes of importance: What test confirmed diagnosis? Was thare an autoppy? What did injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE (Address) Williamsport, Address White on the price of injury Neared did injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE (Address) Williamsport, John Date of injury Neared o | (a) Residence: No. Williamsport, wd. | R # 2 | | |
| 2. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) White White St. II married, widowed, or divorced COLON WIFE of | | D.C | | e |
| Female White OR DIVORCED (write the word) 5. If married, widowed, or divorced (Month) (Day) (Year) 10 Stillborn 6. DATE OF BIRTH (month, day, and year) Fol. 25, 1933 7. AGE Vears Months Days If LESS than 1 day,hrs. ormin. 6. DATE OF BIRTH (month, day, and year) John 25, 1933 7. AGE Vears Months Days If LESS than 1 day,hrs. ormin. 6. DATE OF BIRTH (month, day, and year) John 25, 1933 7. AGE Vears Months Days If LESS than 1 day,hrs. ormin. 7. Indextry or business in which work was done, as SIN MILL, SAW MILL, BANK, atc ub. Data decased last worked at this occupation (month and XX occupation). XX 10 Data General was stored at this occupation (month and XX occupation). XX 12. BIRTHPLACE (city or town) W1 11a. DBDORt, wide country) Ponths (State or country) Data Feb. 25, 19.33 15. MAIDEN NAME Hargaret Elizabeth Wellor (State or country) Baryland (Address) W1111amsport, Marked Injury occurred in INDUSTRY, in HOME, or in PUBLIC FLACE. 18. BURTHPLACE (city or town) W2 stminster, Data Feb. 25, 19.33 1930 1940 1950 1940 1950 1940 2050 1940 2150 226. Was disease or injury in any way related to occupation of decessed? Manuar of injury. 1950 | | | | |
| 55. If married, wildowed, or divorced HUSAND of Groy Nife of Stillborn 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. Take, profession, or periculas 8. BIRTHPLACE (city or town) 9. BIRTHPLACE | OR DIVORCED (write th | | Feb. 25, 1933 | 3 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than Low Cocurred on the data stated chove, at. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: SAVIER, BOOKEEPER, atc. LiD. Data decessed last worked at this occupation (month and XX occupation (month and XX occupation) BIRTHPLACE (city or town). Willandsport, Md., R#2 Is BIRTHPLACE (city or town). Was there as nationally and provided the state of the was done, as SIMM occupation. BIRTHPLACE (city or town). Was there as nationally and provided the state of the was done, as state of the state of the was done, as SILM MILL. SAW MILL, BANK, atc. ID. Data decessed last worked at this occupation (month and XX occupation). SAW MILL, BANK, atc. ID. Data decessed last worked at this occupation (month and XX occupation). Say III. Total time (years) spant in this was done, as SILM MILL. SAW MILL, BANK, atc. ID. Data decessed last worked at this occupation (month and XX occupation). III. Total time (years) Spant in this said to have occurred on the data stated chove, at. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Still born. Data classes: Still born. Dither Castributory Causes of importanca: Dither Castributory Causes of importanca: What test confirmed diagnosis? Was there an autopay? Was there an autopay? What test confirmed diagnosis? Was there an autopay? What test confirmed diagnosis? Was there an autopay? What test confirmed injury occurred in INDUSTAY, in HOME, or in PUBLIC PLACE. Accident, suicide, or homicide? Data of injury. Namor of injury. Nature o | 3221 | | | |
| STITLOON A DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days If LESS than 1 day | | | 22. I HEREBY CERTIFY, That I attended dece | ased from |
| T. AGE Years Months Days If LESS than Iday | Stillborn | | to | 19 |
| Trade, profession, or perticular kind of work dona, as SPINNER, XX SAWMLER, BOOKEER, asc. Jo. Data deceased last worked at this occupation month and XX SAWMLE, BOOKEER, asc. Jo. Data deceased last worked at this occupation (month and XX) SAWMLE, BOOKEER, asc. Jo. Data deceased last worked at this occupation (month and XX) SAWMLE, BOOKEER, asc. Jo. Data deceased last worked at this occupation (month and XX) SAWMLE, BOOKEER, asc. Jo. Data deceased last worked at this occupation (month and XX) SAWMLE, BOOKEER, asc. Jo. Data deceased last worked at this occupation (month and XX) SAWMLE, BANK, asc. Jo. Data deceased last worked at this occupation (month and XX) Dither Contributory Causes of importance: Name of operation. Date of what test confirmed diagnosis? Was thare an autopsy? What test confirmed diagnosis? Was thare an autopsy? Accident, suicide, or homicide? Date of injury. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mannar of Injury. Name of operation. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mannar of Injury. Nature of injury. | 6. DATE OF BIRTH (month, day, and year) + plu, 25, 19 | 33 | I last saw h alive on t9; de | ath is said |
| Trade, profession, or perticular war as follows: Note | 9 4 10 | | | |
| Trade, profession, or perticular to the first of the firs | | | wars se follows: | de effected |
| Some of the property of the | Z Trade, profession, or perticular kind of work done as SPINNER | | Va. | re or ouset |
| Dther Contributory Courses of importanca: 12. BIRTHPLACE (city or town) Williamsport, Md., R#2 (Stata or country) 13. NAME James Henry Straley 14. BIRTHPLACE (city or town) Mercersburg, (Stata or country) Ponna 15. MAIDEN NAME Margaret Elizabeth Wellor (Stata or country) Maryland 16. BIRTHPLACE (city or town) Westminster, (Stata or country) Maryland 17. INFORMANT Jas Henry Straley (Address) Williamsport, 18. BURIAL CREMATION OR REMOVAL Name of operation. What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Specify city or town, country and State) Specify whether Injury occurrad In INDUSTRY, in HDME, or In PUBLIC PLACE. Mannar of Injury. Nature of injury. | SAWYER, BOOKKEEPER, atc. | | Stillborn | |
| Dther Courributory Causes of importanca: 12. BIRTHPLACE (city or town) Williamsport, Md., R#2 (Stata or country) 13. NAME James Henry Straley 14. BIRTHPLACE (city or town) Mercersburg, (Stata or country) Penna. 15. MAIDEN NAME Margaret Elizabeth Wellor (Stata or country) What test confirmed diagnosis? Was there an aulopsy? What test confirmed diagnosis? Was there an aulopsy? What death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Whare did injury occurr? (Specify city or town, country and State) Specify whether Injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE. (Address) Williamsport, What test confirmed diagnosis? Was there an aulopsy? Whare did injury occurr? Specify whether Injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE. Mannar of Injury Nature of injury 12. Was disease or injury in any way related to occupation of deceased? 13. INMEDIATE And the Country of the Country | work was done, as SILK MILL, | | | |
| Dther Courributory Causes of importanca: 12. BIRTHPLACE (city or town) Williamsport, Md., R#2 (Stata or country) 13. NAME James Henry Straley 14. BIRTHPLACE (city or town) Mercersburg, (Stata or country) Penna. 15. MAIDEN NAME Margaret Elizabeth Wellor (Stata or country) What test confirmed diagnosis? Was there an aulopsy? What test confirmed diagnosis? Was there an aulopsy? What death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Whare did injury occurr? (Specify city or town, country and State) Specify whether Injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE. (Address) Williamsport, What test confirmed diagnosis? Was there an aulopsy? Whare did injury occurr? Specify whether Injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE. Mannar of Injury Nature of injury 12. Was disease or injury in any way related to occupation of deceased? 13. INMEDIATE And the Country of the Country | 11. Total time (years | ;) | | |
| 12. BIRTHPLACE (city or town) Willamsport, Md., R#2 (State or country) 13. NAME James Henry Straley 14. BIRTHPLACE (city or town) Mercersburg, Mame of operation. (State or country) Ponns. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Westminster, Accident, suicide, or homicide? (State or country) Maryland 17. INFORMANT Jas Henry Straley Mares and State) 18. BURIAL CREMATION, OR REMOVAL RIVERY OF WILLIAMS OF A COUNTRY Data Feb. 25., 19.33 Mannar of Injury Nature of injury Nature of injury 19. (Address) Milliamsport, Md. 20. (Address) Milliamsport, Md. 21. (Address) Milliamsport, Md. 22. (Address) Milliamsport, Md. 23. (Address) Milliamsport, Md. 24. Was disease or injury in any way related to occupation of deceased? 11. (Signed) Md. 22. (Signed) Md. 23. (Signed) Md. 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. (Signed) Md. 26. (Signed) Md. 27. (Signed) Md. 28. (Signe | | | | |
| (State or country) 13. NAME JAMOB HONRY Straley 14. BIRTHPLACE (city or town) MORCORBOURG. (State or country) PONNO. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) WORLMINSTORM. (State or country) 17. INFORMANT JAS HONRY Straley (Address) Williamsport. (Address) W | wiliamanont wd | PHO | Other Coutributory Causes of importanca: | |
| What test confirmed diagnosis? Was there an autopsy? 23. If deeth was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Westminster, (Stata or country) Maryland Whare did injury occur? 17. INFORMANT Jas Honry Straley Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 18. BURIAL CREMATION, OR REMOYAL Specify City or town, country and State) 19. UNDERTAKER Mail of the first of injury Nature of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signed) M. D. | (Stata or country) | ANTI.S | | |
| What test confirmed diagnosis? Was there an autopsy? 23. If deeth was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Westminster, (Stata or country) Maryland Whare did injury occur? 17. INFORMANT Jas Honry Straley Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 18. BURIAL CREMATION, OR REMOYAL Specify City or town, country and State) 19. UNDERTAKER Mail of the first of injury Nature of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signed) M. D. | 13. NAME James Henry Straley | | | |
| What test confirmed diagnosis? Was there an autopsy? 23. If deeth was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Westminster, (Stata or country) Maryland Whare did injury occur? 17. INFORMANT Jas Honry Straley Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 18. BURIAL CREMATION, OR REMOYAL Specify City or town, country and State) 19. UNDERTAKER Mail of the first of injury Nature of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signed) M. D. | Harran Marcaraburg | | Mamo of according | |
| t5. MAIDEN NAME 16. BIRTHPLACE (city or town) Westminster, (Stata or country) 17. INFORMANT Jas Henry Straley (Address) Williamsport, (Address) Williamsport, (Address) Data Feb. 25, 19.33 18. BURIAL, CREMATION, OR REMOVAL KIVER VIEW Cometer V Data Feb. 25, 19.33 19. ONDERTAKER (Address) Williamsport, (Address) Data Feb. 25, 19.33 19. ONDERTAKER (Address) Williamsport, (Specify city or town, country and State) Specify whether Injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE. Mannar of Injury Nature of injury 19. ONDERTAKER (Address) Williamsport, (Specify city or town, country and State) Specify whether Injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL What did injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE. 19. ONDERTAKER (Address) Williamsport, (Specify city or town, country and State) Specify whether Injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE. 19. ONDERTAKER (Address) Williamsport, (Signed) Mannar of Injury Nature of injury (Signed) M. D. | (Stata or country) | | | |
| Whare did injury occur? (Specify city or town, county and State) 17. INFORMANT Jas Henry Straley (Address) Williamaport, and 18. BURIAL, CREMATIDN, OR REMOVAL (NOT YIELD TOWN COMETAKER (Address) Data FOD. 25, 19.33 Mannar of Injury Nature of injury Nature of injury 19. UNDERTAKER (Address) Williamaport, and (Addr | t5. MAIDEN NAME | . 13 | | sy: |
| Whare did injury occur? (Specify city or town, county and State) 17. INFORMANT Jas Henry Straley (Address) Williamaport, and 18. BURIAL, CREMATIDN, OR REMOVAL (NOT YIELD TOWN COMETAKER (Address) Data FOD. 25, 19.33 Mannar of Injury Nature of injury Nature of injury 19. UNDERTAKER (Address) Williamaport, and (Addr | I MARGAROL MILZADOUN V | V 0 1 1 0 : | | 10 |
| 17. INFORMANT Jas Henry Straley Specify whether Injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE. (Address) Williams port, and 18. BURIAL CREMATION, OR REMOYAL NOT BE BURIAL CREMATION, OR REMOYAL NOT BURIAL PLACE. Mannar of Injury Nature of injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signed) (Signed) M. D. | (State or country) Works and | | | , 17 |
| (Address) Williamsport, and 18. BURIAL, CREMATION, OR REMOVAL 19. TOP TO THE PROPERTY Data FOD. 25, 19.33 Mannar of Injury Nature of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signed) M. D. (Signed) M. D. | - at y 2011a | | (Specify city or town, county and State) | |
| 18. BURIAL, CREMATION, OR REMOVAL KIVOTVIOW COMOTOR Data FOD. 25., 19.33 Mannar of Injury Nature of injury Nature of injury 19. UNDERTAKER (Address) White foot to compation of deceased? 18. BURIAL, CREMATION, OR REMOVAL Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signed) M. D. | | | opens whether many occurred in thousant, in nome, or in public PLACE. | |
| Place Data F.O. 25 , 19.33 Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, spacify. (Signed). M. D. | 18. BURIAL, CREMATION, OR REMOVAL | | Mannar of Injury | |
| 19 (INDERTAKER) (Address) | Place Data Feb. 25, | , 19.33. | | |
| (Address) Mine frost Mac 18#2 If so, spacify 20 FILED 25 33 32 6 6 Prick and (Signed) See 3 | Bottorida Milas V. Marsh | | | no. |
| 20 FUED/Hebi25 30 33, 6: 6 Rickard (Signed) Steel Doole M.D. | (Address) Mondelant Mack | 2 | | |
| Resistrar. (Address) Wing out Ind | 20 5450 Hebrit 5-33 33, 6 6 Pick | rd | 1 1 2 | M. D. |
| | The state of the s | egistrar. | (Address) Louis port, Ind. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | 1 |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

of OCCUPA-

N. B.-WRITE PLAINLY.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF | F DEATH | | | 122-20 |) |
|---|---|-----------------------|--------------------------------------|--|------------|
| County | Washing | ton | | Registration Dist. No. 302 | , |
| Village or C | ity Hagersto | Wn | | No. 837 W. Washington St. st 2, w | |
| | dence in city or town where | | O yrs mos. | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? | |
| 2. FULL NA | ME Emma K | . Turne | r | | |
| (a) Residen | ce: No. 837 W. | Washin (Usualplace | gton Stre | e e tst., 2 Ward. If nonresident give city or town and State | |
| PERSON | AL AND STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | - |
| s. sex Female | 4. COLOR OR RACE White | | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH February 18, 193 3. | |
| 5a. If married, widow HUSBANO of (or) WIFE of | | D. Turn | er | 22. HEREBY CERTIFY, That I attended deceased | from |
| S DATE OF BIRTH | month, day, and year) | entembe | r 7, 1855 | | |
| 7. AGE Yea | | Days | If LESS than I day,hrs. | to have occurred on the date stated above, at 6 ± 3 OA m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | 3414 |
| 8. Trade, profes | ssion, or particular vork done, as SPINNER, BOOKKEEPER, etc | Home W | ork | C +- F and L P A OBTIONS | nset 23 |
| 9. Industry or work was SAW MIL | business in which s done, as SILK MILL, L, BANK, etc | | | | |
| O this occur | ed last worked at pation (month and | spe | ime (years) nt in this upation | Other Control of Contr | |
| 12. BIRTHPLACE (cit (State or cour | | town | | Other Contributory Causes of importance: | |
| I3. NAME W | illiam Will | iams | | | |
| 14. BIRTHPLACE (State or | (city or town)Wa.sh | ington Md. | County | Name of operation Date of Was there an autopsy? | 2 |
| 15. MAIOEN NA | ME Lizzie Wi | lliams | | 23. If death was due to externel causes (VIOL ENCE) fill in also the following: | |
| 16. BIRTHPLACE | (city or town) Washi country) | | ounty | Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur? | |
| 17. INFORMANT (Address) | Howard Turn | | | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMAT Place She | | | Feb., 20. | Manner of Injury | |
| | Fred W. Kra Hagerstown | | | 24. Was disease or injury in any way related to occupation of deceased? | |
| 20. FILEO Z - 2 | 20-1933 | east Bo | Registrar. | (Signed) Ityerlown he | M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| RIPEAU V.S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| MARGIN RESERVED FOR BINDE | AINLY, WITH UNFADING INK-THIS IS A PERMA | f information should be carefully supplied. ACE should state, CAUSE CF DEATH in plain terms so that it may |
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WRITE

N. B.

V. S. No. 1

| | | | | | | 02099 |
|----------------------------|---|--|---|----------------------------|--|---|
| PLAC | E OF DEATH | 49 | | | STATE OF I | MARYLAND |
| County | parpugli | 2 | | | CERTIFICATE | OF DEATH |
| | WITHIN CORPORATI | LIMITS OF | | (82-E) | Registration I | Dist. No. 302 |
| Village or Ci | Hagerstown | 1 (No. 280 |) <u>)</u> | Potomac | St.: 3 Ward) | (If death occurred in a hospital or institu- tion, give its NAME is- stead of street and |
| 2F | ULL NAME /// | Iwal | | Peter B. L | Inger | number.) |
| PERSO | ONAL AND STATISTI | CAL PARTICU | LARS | MEDI | CAL CERTIFICATE | OF DEATH |
| 3 SEX Male | White | MARRIED. WIDOWED. OR DIVORCED (Write the word) | Vidowed | 16 DATE OF DEAT | 7550 | (Day) (Year) |
| 6 DATE OF B | IRTH | (White the word) | Total Control of the | 17 44 HE | | ended the deceased from |
| | June 2 (Month) | | , 1845 (Year) | that I last saw h | Malive on F | W. 13, 192] |
| 7 AGE | | | If LESS than | | urred on the date stated | above, at |
| | *************************************** | mos. 14 ds. | or min.? | The CAUSE OF DE | ATH * was as follows: | hambrosis |
| (a) Trade, particular k | profession or tind of work | Farme | 2 | | 20-0-0 | |
| business, or | nature of industry | | | | (Duration) | yıs. moss da |
| - | oyed or (employer) | | | Contributory Secondary | (Duration) | Drie 1000 de |
| 10 NAME FATHE | OF | ger | | (Signed) | V. /Seac | hly M.D. |
| OF FA Z (State 12 MAID! | | ខែ | t | *State the Violent Causes, | 2. (Address) lis ase Causing Desth, state (1) Mesns of In | or, in deaths from ary and (2) Whether |
| 12 MAIDI 4 OF MO | EN NAME | | Lnown | | RESIDENCE (For Hospi | tals, Institutions, Trans- |
| 13 BIRTH OF MO | | nia | | At place of deathyrs | mosds. In the | deds. |
| 14 THE ABOV | E IS TRUE TO THE BEST | OF MY KNOWLE | EDGE | it not at place of d | on h? | |
| (Informa | int) Mrs. M. | Harrmer | | 19 PLACE OF BUR | IAL OR REMOVAL | DATE OF BURIAL |
| (Ac | ddress) Hagersto | wn, Md. | ······································ | Gran | ger Hall | Frel 151933 |
| Filed Z | 7-15- 19233/ | nostr | Registras | P T | bres & Co | Mondieste |
| | If more banks are | needed, addre.s | tate Kegistra | r, 16 W. Saratoga St | ., Balto., Requesting V. | S. No. 1. Va |

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from er," etc., Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken work, or At Home, and 'children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womyris). For persons who have no occupation (b) Cotton mill; (a) Solesman. without more precise specification as Stationary fireman, etc. But in many (b) Automobile fuctory. The materia (b) Grocery; Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhold Pneumonia"); "Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (clanus) may be stated under the head of "contributory." approved by Committee on inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and eonsequences (e.g., sepsis, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi resulting from childbirth or miscarriage as or intercurrent) affection need not be ass important. Example: *Measles* (disease Chronic valvular heart disease, etc. The Nomenclature of the " "Convulsions, contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| STATE OF MAR | RYLAND- | CERTIFICATE OF DEATH 0210 |
|--|--|--|
| 1. PLACE OF DEATH | | (3) |
| County flaslung low | | Registration Dist. No. 30 Z |
| Village or City | m/14 | 1. No Naslu. County of spitte |
| Length of residence in city of town where death occurred | | f death occurred in a hospital or institution, give its NAME instead of syeet and number) ds. How long in U.S. if of foreign bigth? |
| 2. FULL NAME Mewton | Male | and on |
| (a) Residence: No. 479 Berk | soul (1) | St. Ward. |
| (Usual pla | ce of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PAR | | MEDICAL CERTIFICATE OF DEATH |
| | ARRIED, WIDOWED, CED (write the word) | 21. DATE OF DEATH (Month) (Day) (Yes |
| a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marka Nas | lington | 22. HEREBY CERTIFY Thet I attended deceased |
| DATE OF BIRTH (month, day, and year) | 1890. | |
| AGE Years Months Days | If LESS than I day,hrs. | to have occurred on the date stated above, at |
| 72, | ormin. | The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | stor. | The project of 19 |
| 9. Industry or business in which work was done, as SILK MILL, | , | Cha Sulsistread Replieto 193 |
| SAW MILL, BANK, etc. | | |
| The secondarion (month and | time (years) cent in this cupation | |
| | 1 | Other Contributory Causes of Importence: |
| (State or country) | / | |
| 13. NAME Lewrge Mast | auoton. | |
| 14. BIRTHPLACE (city or town) | www. | Name of operation Date of Date of |
| 15. MAIDEN NAME Eller MA | 1MM m | What test confirmed diagnosis? Was there an autopsy? |
| 16. BIRTHPLACE (city or town) | sever! | 23. If death wes due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? |
| (State or country) | and age | Where did injury occur? |
| 7. INFORMANT Martia Nas (Address) Carlons tour | lington | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 8. BURIAL, CREMATION OR REMOVAL MICH. |) I control | Manner of Injury |
| Place of I General Buy gate I | El. 6,1913 | Nature of injury |
| 9. UNDERTAKER (Address) | maix | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 2 - 5-, 1938 6 HOST | Registrar, | (Signed) Notest 1. Could (Address) Vagerotours, Md. |
| If more blanks are needed. | | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal eause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 1122014 |
| County Washington | Registration Dist. No. 302 |
| Village or City Hager town | 2 2 1 |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos. | ds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Mary E. Weet | el |
| (a) Residence: No. 600 Suilford | St., 2) Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR BACE 15 SINCLE MARRIED WIDOWED | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word) | 21. DATE OF DEATH |
| Temale White Widowed | (Month) (Oey) (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. — I HEREBY CERTIFY That, I attended deceased from |
| (or) WIFE of agustus 7. Webles | 22. THEREBY CERTIFY That I attended, deceased from |
| 6. DATE OF BIRTH (month, day, and year) Sept 10 - 185-37 | I lest saw her alive on File 22 1933; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 3:50A.m. |
| 77 5- 16 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8 Trade profession or particular | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, More SAWYER, BOOKKEEPER, etc. | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | HEINI Legin |
| SAW MILL, BANK, etc. | |
| Spent in this | |
| year) occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) I addlerating | A |
| (State or country) | Mikeardello Chronic |
| 13. NAME William Jones 14. BIRTHPLACE (city or town) | 1 Duration: six years cut 50? |
| 4. BIRTHPLACE (city or town) | Name of operation Date of |
| (State or country) | What test confirmed diagnosis? Wes there an autopsy? |
| 15. MAIOEN NAME bennetta Burkhart | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Smithsburg | Accident, suicide, or homicide? Oate of injury, 19 |
| Sel (State or country) | Where did injury occur? |
| V. INFORMANT Mrs. Ross Bealer | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. |
| 1. (Address) Hageiston md | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place An gerstown 4 d Octo Let 28 , 1933 | Nature of injury |
| 19. UNDERTAKER Left 7. Munniel & Son | 24. Was disease or injury in any way related to occupation of decoased? |
| (Address) Hagerstown Md. | If so, specify |
| 20. FILED 2-28-19336 Has Hisoures | (Signed) / Melly Jaepman - M. O. |
| Registrar. | (Address) Hagus from med |
| If more blanks are needed, address State Registrar | N Charles Series Believe D. C. G. S. N. |

et, Baltsmore, Requesting "U. S. No. 1.

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| Chronie interstitial nephrilis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July5,1927 | Peritonitis | 3 days ago |
| Care Control | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-----------|---------|------------|----|-----------|
|------------|-----------|---------|------------|----|-----------|

| - | 11:00 | - |
|-------|---|-----------------|
| | Registration Dist. No. 30. | ~ |
| (If d | No. St., Leath occurred in a hospitellor institution, give its NAME instead of street and nu | Ward mber) |
| n | tmeyer | |
| | St., Ward. If nonresident give city or town and S | tate |
| | MEDICAL CERTIFICATE OF DEATH | |
| | 21. DATE OF DEATH Feby > 8 (Day) | 193.3 (Yeer) |
| 3. | to have occurred on the dete stated above, at S Tm. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: | death is said |
| | Lobar Prumeria | 316,23. |
| | Dthar Contributory Causes of importance: | def. 22 |
| | Name of operation Date of | |
| - | What test confirmed diagnosis? Was there an au | lopsy? |
| 2 | 23. If deeth was dua to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? Data of injury Whara did injury occur? (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE | |
| 3 | Mannar of injury | |
| 4 | 24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signed) Wurks | M. D. |
| | (Signed) John ay, Wests (Addrass) 1 La glutonn | · |

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| Chronic interstitial nephritis | 1921 | Run over by stre | ect car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | ES/ISOSE | 3 days ago |
| | | | | |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contribu | utory eauses of importance: | 1 year |
| | | | | |